BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived of institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If putside copporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 9. AGE (in years) AGE (In years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min. VALDOWED DIVORCED (Specify) SUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) LOB. KIND 12. CITYZEN OF most of working life, even if retired) 14. MOTHER'S M DEN NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, fore (If yes, give war or dates of service) JOHNS HOPKINS HOSPITAL SECURITY NO. 7-01-9610 INTERVAL BETWEEN 18. CAUSE OF DEATH 204.2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED W TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES EDICA 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 1952 and that death occurred at \$172 m., from the causes and on the date stated above. deceased alive on\_\_ 23A. SIGNATURA 238. ADDRESS 23C, DATE SIGNED work M. D. 248. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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52 8502 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Earl Raid OF Sept. 10- 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURA) and give INSTITUTION Baltimore township) 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location Vre 16 yrs. Mos. 1131 Argyle Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARTIO 5. SEX 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | ff Under | Year | | ff Under 24 Hours last birthday) | Months | Days | Hours | Min. Male Oct. 3 Negro 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laborer Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hillard Reid Bessie Flythe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr unknown) (If yes, give war nr dates nf service) SECURITY NO Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Diabetic Acidosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Possible Cerebral Vascular Accident TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPS DICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT[ NOT WHILE 1952, that I last saw the 9-9 22. I hereby certify that I attended the deceased from. 9-10 19 52 and that death occurred at 1:30P m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

9-12-52

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

4940 Eastern Avenue 24c, NAME OF CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county)

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

Baltimore. National

Baltimore, City **ADDRESS** 

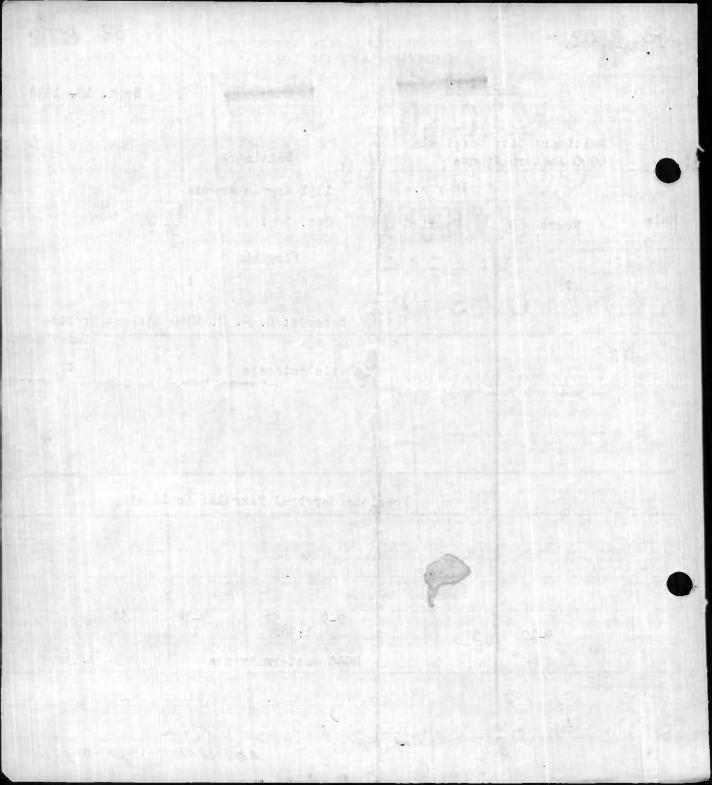
LOCAL REGISTRAR

24B, DATE

25. FUNERAL DIRECTOR

VS 150

108 W montgomery St



7 32° 8503

# BALTIMORE CITY HEALTH DEPARTMENT / 52, 8503

ВІ	BIRTH NO. CERTIFICATE OF DEATH Registered No.								
1.	NAME OF D	ECEASED	r 4	WNA E.		2. DATE OF	11 1052		
	PLACE OF D Baltimore	EATH: City, Maryland	= , //	NIVA E.	4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If in B. GOUNTY	nstitution: residence before admission)		
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hos	pital or institut	ion, give street address or location)					
-(		14atti	more	Yrs.	D. STREET ADDRESS (If rural, give location)				
c.	Length of s	tay in Baltimore		Mos. Days	$R_{2}$	eral	300		
5.	F	6. COLOR OR RAC		E. MARRIED. PED, DIVORCED (Specify)	april 2,1883		Under 1 Year   If Under 24 Hours ths Days Hours Min.		
10 work	A. USUAL OC	CUPATION (Give kin of working lift), even if retin	lof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S		1 04	m Home	14. MOTHER'S MAIDEN N	AME			
	Jo	hu Do	erina		ammy (	Que sweett.			
	. WAS BECEAS	ED EVER IN U. S. AR (If yes, give war or o		16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS		
_	18. 44			CALISE	OF DEATH	Nanover	INTERVAL BETWEEN		
ATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Clyphyllensuil Cardio Vascular Severally.  (B) Syphyllensuil Cardio Vascular Severally.								
ERTIFIC!		II SIGNIFICANT CON							
CE		TO THE DEATH, B							
AL	19A. DATE C	OF OPERATION		YES NO W					
EDICAL		PENT WAS UNDER R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)		
	21D. TIME OF INJURY	(Month) (Day) (Ye	,	21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?			
	22. I herch	y certify that I	attended the	deceased from	6/24 , 1952 to	9/11 , 19 5	that I last saw the		
	deceased a	live on Sept	11, 1952,		rred at 10 mm, from t	the causes and on th			
	23A. SIGNA	Cichurd	@ (	Packertm. D.	Alowersety &	Hospital	23c. DATE SIGNED 9/12/52		
	AA. BURIAL,		15-2	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	or county) (State)		
D.	SFP 5	RAR Hunt	ington /	Miaus M.P.	25. FUNERAL DIRECTOR	1217 St. Pa	ADDRESS ul st.		
	VS 150	1	0						
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52 8504

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8504

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) GEORGE B. Sha					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	n) C. CITY OR TOWN (If outside corporate limits, write RULA) and give				
314 S. augusta ave	Balto. L township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
	314 S. augusta lue				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.				
Male White Widowed	2/12/1867 85				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
<u>Jalraman</u>	New York				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Vohn Sharh	Margaret D, Roberts				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, ao or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS				
	Carl C. Shark 314 S. Augus la lux,				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pose Alia dana				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ora, suprovus				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	Schools				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	)				
€ ONDERENNO CONDITION CASI.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
W TRIBUTING TO THE DEATH, BUT NOT RELATED					
194 DATE OF OPERATION - 1 198 MAJOR FINDINGS OF OPER					
V 21s. ACCIDENT WAS LINDED.   21s. PLACE OF INJURY (6.8in	YES NO X				
LYING OR CONTRIBUTING about home, form, factory, atreet, office bldg., e					
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?				
OF INJURY WHILE AT NOT WHILE	The state of the s				
m. WORK AT WORK					
22. I hereby certify that I attended the deceased from	19, to, 19, that I last saw the				
	red at 19:30 m., from the causes and on the date stated above. 38. ADDRESS   23c. DATE SIGNED				
	\$6056 dronden am 9/13/2~				
24A. BURML, CREMA: 24B. DATE 24C. NAME OF CEMETE					
GEMETION 9/15/52 London	Park Balto. Nd.				
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
SEPREGISTRADO Huntington William	45th Box Inc. 1217 St. Paul J.				
VS 150					
E 9 6 C	08499				

TAKENETHA SETTEMBER ACTES TO CONTRACT The state of the s

52 8505 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF DEATH (Type or Print) T. Filis 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE of not in hospital or institution, give street address or B. FULL NAME OF If outside corporate limits, write RURAL and five HOSPITAL OR C. CITY OR TOWN demovia (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OF RACE 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) INGLE 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) LIIMORE Judeni 13. FATHER'S NAME MOTHER'S MAIDEN NAME Lberi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Gun shot Wound of Abdoor LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 5501 Omaha Ave. UTING TO CAUSE OF DEATH. home 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) of INJURSeptember 13, Shot while cleaning a 22 caliber rifle 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident R, suicide P, homicide  $\Box$ , undetermined  $\Box$ . 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ...... 23A, SIGNATURE ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) D24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5305 Harrord

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please

Physicians:

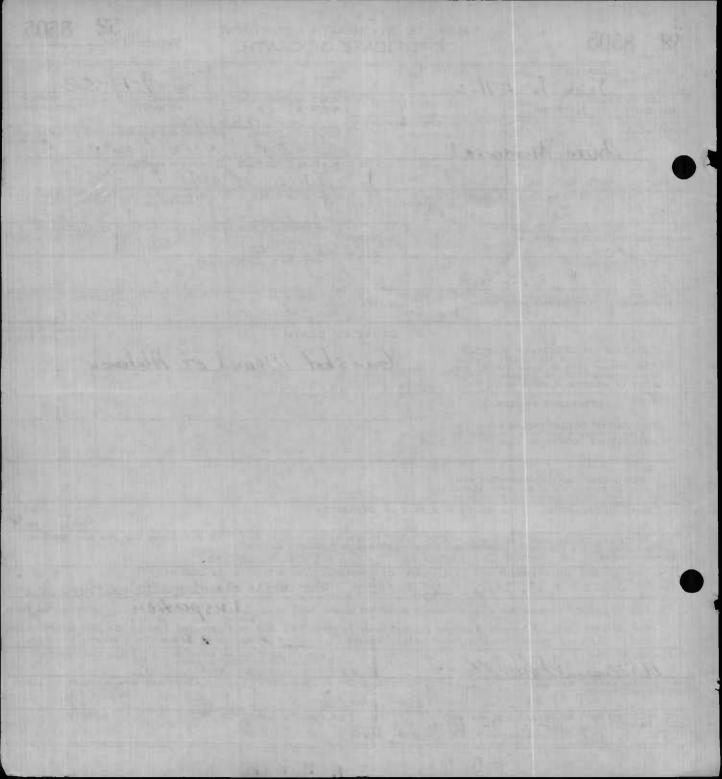
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8506
Registered No.

1	BI	RTH NO.	L OI BEATTI
		NAME OF DECEASED CATHERINE Louise	Reagan   2. DATE OF Sept. 13-1952
П		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution; residence A. STATE # # B. COUNTY before admission)
	В.	FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
		DSPITAL OR STITUTION CONTROL (C)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	-	3209 U. George Hue	D. STREET ADDRESS (If rural, give location)
2		Mos.	C2-2 C- 1
		SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In lears) If Under 24 Hours
	te	EMALE White WIDOWED, DIVORCED (Specify)	Dec. 17-1886 last birthday) Months Days Hours Min.
7.1	Mork 10	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	10	AT HOME	COVINGTON, KENTUCKY
10.10	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
00	15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	DARAH DOWLE
203 01	(Yes	(If yes, give war or dates of service) SECURITY NO.	MR. Robert Reagan-WoodFord B
au,		18. /53 X 1 CAUSE	OF DEATH
D DI		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and Care amater -
دو		(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	MICH CN NOT MANAGE
IIA		injury or complication which caused death.) DUE TO	
25	7	ANTECEDENT CAUSES	encel al Pellon
nea	Ö	DISEASES OR CONDITIONS, IF ANY, GIVING	
1 .5	AT	UNDERLYING CONDITION LAST. (C)	V
נמונט	FIC		
SIC	RT	OTHER SIGNIFICANT CONDITIONS CON-	molant it
Tur	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	, mmm mon
	اد	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
can	CA	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g., i	in or 24c. WHERE DID (If in Baltimore City, give exact location)
mportant.	ED	LYING ON CONTRIBUTING about home, farm, factory, atreet, office bldg.,	
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
λJ		m. WHILE AT NOT WHILE ME AT WORK	
especi		I hereby certify that I attended the deceased from	1951, to Sefet 13, 19 , that I last saw the
esi		deceased alive on Mess 13, 195, and that death occur	
13		All to the second La Vicalia.	23B. ADDRESS 23C. DATE SIGNED
age	24	M. D.   248. DATE   24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	THE	DUVIAL (Specify) 9/16/52 TALTO	COM BALTA Md
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
ŏ	5	SED 15 1952 Huntington Williams, Mitte	L. J. Kuck 5305 HARlORD A

2008 EUTAW Pl.

correct age is especially important. Physicians: please write the causes of death clearly and legan

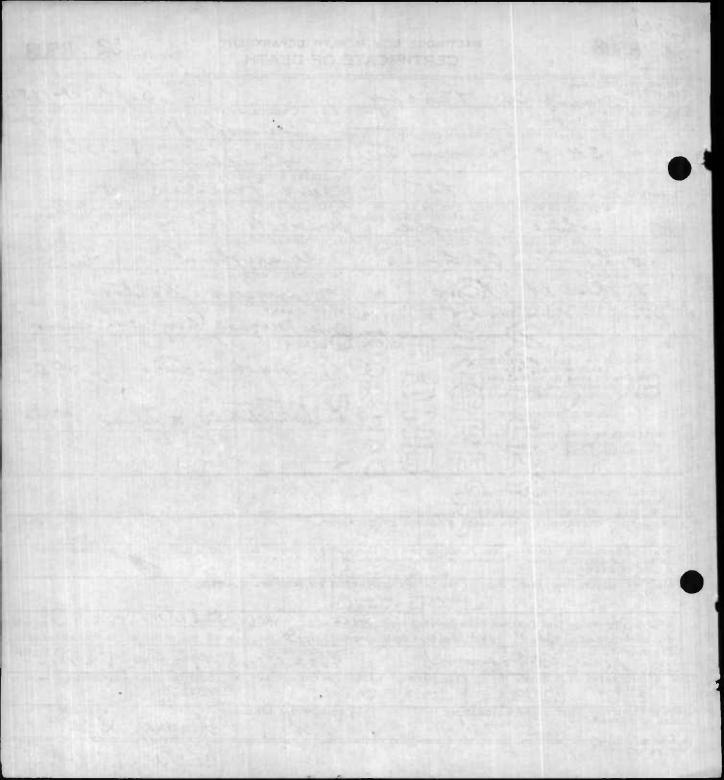
### BALTIMORE CITY HEALTH DEPARTMENT

52 8507

BIRTH NO. CERTIFICATE OF DEATH Regi	istered No.					
1. NAME OF DECEASED (Type or Print) IDA MYERS LION  2. DATE OF DEATH	Sep. 12, 1952					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. CO	d lived. If institution: residence UNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND BA	LTIMORE CITY					
MION MEMORIAL HOSPITAL BALTIMORE	C. CITT OR TOWN (II butside corporate minus, write house and give					
Yrs. D. STREET ADDRESS (If rural, give lo						
d. Length of stay in Baltimore 75 4004 CEDARDAI						
JUN . 19, 18/1 75	hday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  MARYLAND	y) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
ABRAHAM MEYERS CAROLINE Wyman	CM21M					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  NO  16. SOCIAL SECURITY NO.  SON Mr.S.John Lion,	Jr. SAME					
18. 33/X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) CEREBRAL HEMORRY	AGE 2 days					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
ANTECEDENT CAUSES HIGH BLOOB PRESSURE						
DISEASES OR CONDITIONS, IF ANY, GIVING	10 years					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	PER PER POSE					
(c)						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OF CONDITION CAUSING IT.	20. AUTOPSY?					
JAL 1	YES NO					
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  (If in Baltime Injury occurs)	ore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
OF INJURY  MHILE AT NOT WHILE  AT WORK  AT WORK						
22. I hereby certify that I attended the deceased from Se. p. 11, 1952 to Sep. 15	1953 that I last saw the					
deceased alive on Sep. 12, 19 53 and that death occurred at 8 9 m., from the causes	and on the date stated above.					
23A. SIGNATURE 23B. ADDRESS E. E. L. TOMMILL OR UNION MEMORIAL HO	SP. SEP. 12,1952					
24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (1)						
Burial 9/15/52 Balto. Hebrew Cem. Balto.,	Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HILLIAM WILLIAM	w Y Xous					
VS 150	to 12 mal					
1 9 5 2 6 3 7 8 5 40 4200	W/1, 114					

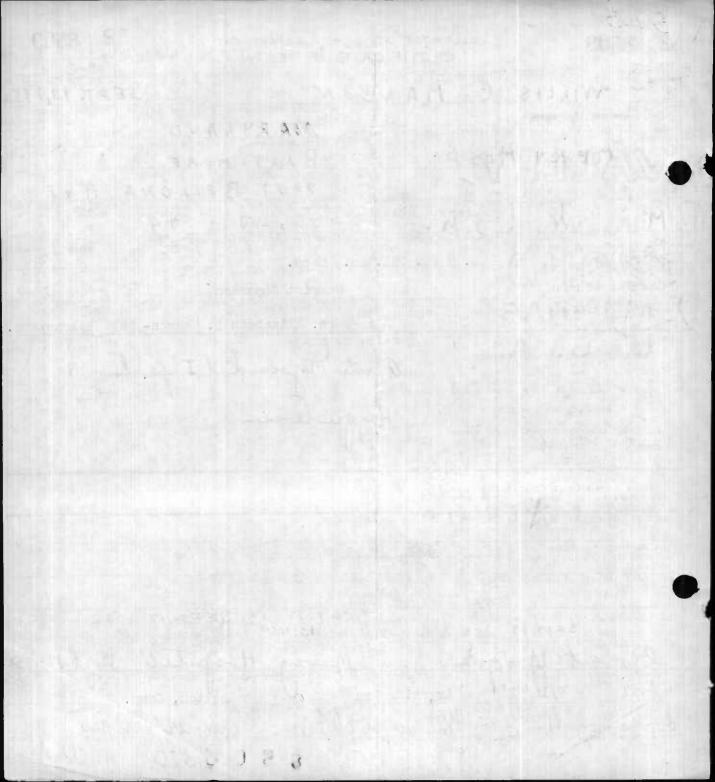
MERCAL ALLOSSES UNITED BASIKA A AGAI TION TO HOME TURBELL TO BE A SERVICE IN F. PROMITIONS JOTISTON LAIRMENNIN decatal allegendas Post Post Post FIRST STATE OF THE CHADOMEM 23/W 12/16 2 K 3 Y 7 P 7 MAHARBE A PART OF THE STATE OF THE STAT JUNEAUNIN - PRESIDEN SOUZZERY GOODIE HIGH ATTACK THE ZOTH STRAIN THE REPORT OF THE PARTY OF THE A STATE OF THE PARTY OF THE PAR APPENDING THE SECOND STREET OF STREET STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Sept. 11-1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate Imits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. avE. accores: c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | f Under I Year | f Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify, mule 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of wooding life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MALLEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes. no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-ID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE , 195c, to Jak - 11, 1950, that I last saw the 22. I hereby certify that I attended the deceased from June. 3deceased alive on Seff. 11, 1952, and that death occurred at 4! p \_m., from the causes and on the date stated above. 9- 12- SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Pikesville, Md. Druid Ridge Cem. Burial 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Vs 150 195



11-	525							
1	52 85	09			EALTH DEPARTMEN		52	8509
В	IRTH NO.				E OF DEATH	Register	ed No	
	NAME OF D Type or Print)	WILLIS	(Chessman	MANSO	N	2. DATE OF DEATH	EPT.	12,1152
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE			ion: residence before admission
В.	FULL NAME		tal or institution,	give street address or location)	THARY	LAND	Dalte	my we
	ISTITUTION	MERCY	HOSD	•	C. CITY OR TOWN	(If outside corporate	limits, write	RURAL and give township
				Yrs.	D. STREET ADDRESS	ORE. (If rural, give location	n)	V
		tay in Baltimore	25	Mos. Days		BELLON.	A A	YE.
	M	6. COLOR OR RACE	WIDOWED	ARRIED, DIVORCED (Specify)	8. date of Birth July 30, 1903	9. AGE (in year last birthday	ms If Under I Ye Months Da	ays Hours Min.
10 wor	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		TIZEN OF
13	Control		C. &	P. Tel. Co	Mass. 14. MOTHER'S MAIDEN	I NAME		
		Manson			Harriet Chessm			
15	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?   16	6. SOCIAL	17. INFORMANT	CALL	ADDRES	S
(,,	=	(x. you, give war or day	on or service)	SECURITY NO.	Mrs. Elizabeth	L. Manson-7	007 Bel	lona Ave.
CERTIFICATION	DISEASES RISE TO T UNDERLY  OTHER S TRIBUTING	not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITIO	ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST.	(B)H	petersin			
	19A. DATE O	F OPERATION	19B. MAJOR FI	NDINGS OF OPER	RATION		20	O. AUTOPSY?
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., i factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore C	ity, give exa	
	21D. TIME ( DF INJURY	Month) (Day) (Year	WHIL			URY OCCUR?		
22. I hereby certify that I attended the deceased from 5697. 12, 1962, to 56 PT. 12, 1953 that deceased alive on 6 P7. 12, 19 53 and that death occurred at 10: 45 m., from the causes and on the date								I last saw the
	23A. HENAT	REMA- 24B. DATE	In den	. M. D.	Mary Ho RY OR CREMA ORY 241	D. LOCATION (City,	bown, or edin	1.12.1952
	SFP 15		s signature		25 FUNERAL DIRECT	ikury	ADDR	ESS
	VS 150	1002	1 9	392 05	A 0 8 5 0	Ballo	17,1	md.

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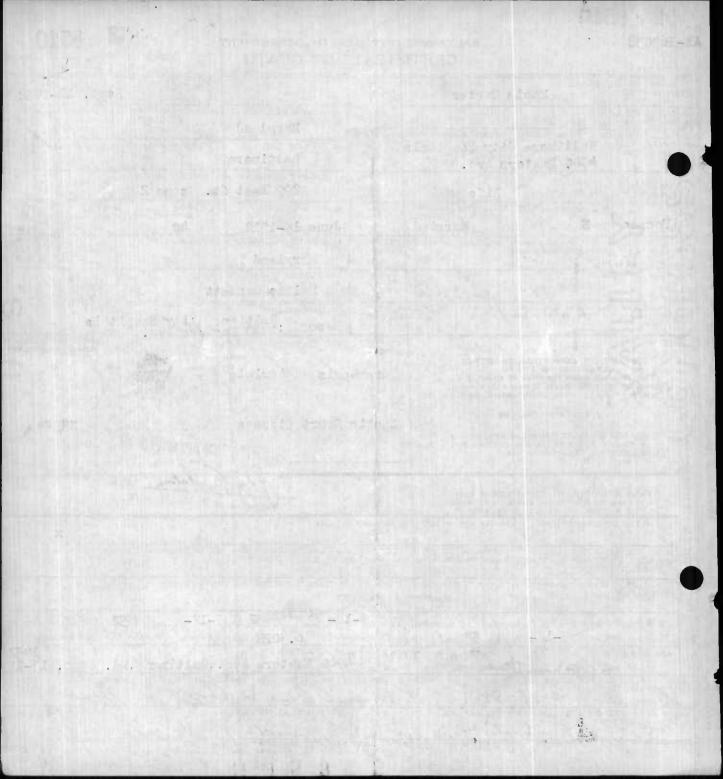
correct age is especially important. Physicians: please write the causes of

#### BALTIMORE CITY HEALTH DEPARTMENT

52 8510

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CERTIFICAT	E OF DEATH Registered No_							
1. NAME OF DECEASED (Type or Print) Mable Carter	2. DATE OF DEATH Sep	t. 12-1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst a. STATE B. COUNTY	itution: residence before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.	c. CITY OR TOWN (If outside corporate Units, write turay and give township							
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 209 East St. zone 2							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Month	vi Veer   Wilder 24 Hours s Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Married  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY						
13. FATHER'S NAME ? mm Scott	Maryland  14. Mother's Maiden Name  Nellie Bennett	11						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowu) (If yes, give war or dates of service)  SECURITY NO.	Records: 4040 Restern Ave	ress 1s						
18. 073 X CAUSE	OF DEATH	INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	CERTIFICATION APPROVED BY	years						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	YES NO						
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		exact location)						
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE  AT WORK								
deceased aline on 9-12- 10 52, and that death occur	22. I hereby certify that I attended the deceased from 9-12- /2 Noon 19 52, to 9-12- , 1952, that I last saw the deceased gline on 9-12- 19 52, and that death occurred at 6.30PM from the causes and on the date stated above							
24A. BURIAL, CREMO 24B. DATE   24C. NAME OF CEMETE	4940 Eastern Ave., Baltimore, Md.	Sept. 13-19 county) (State)						
Bureal 9-16-52 m. Coul	un Con Balto - M	A DODESS						
LOCAL REGISTRAR SFP 15 1957 Huntington Withaux M.J.	Samuel W. Sulling	mole						
VS 150 TO BE APPROVED BY	THE MEDICAL EXAMINER	toolhe						



#### BALTIMORE CITY HEALTH DEPARTMENT

52 8511

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JACOB J. W ADDLEY DEATHSeptember 11, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RULAL and give township) Provident Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location Mos. 2802 Parkwood Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours: Min. Male Colored 10A, USUAL OCCUPATION (Givekindof) 11. BURTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY avous 13. FATHER NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or anknown) (If yes, give war or dates of service) 76. SOCIAL INFORMANT ADDRESS SECURITY NO 217-01-1200 CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Inanition (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinoma of the head of the pancreas DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION No X YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WRILE ATT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and depth in my opinion resulted from: <u>natural eauses</u>  $\boxtimes$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Sent. 24C. NAME OF CEMETERY OF 24A. BURIAL, CREMA-CREMATORY 240. LOCATION (City, town, or county) (State) TION, BEMOVAL (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR

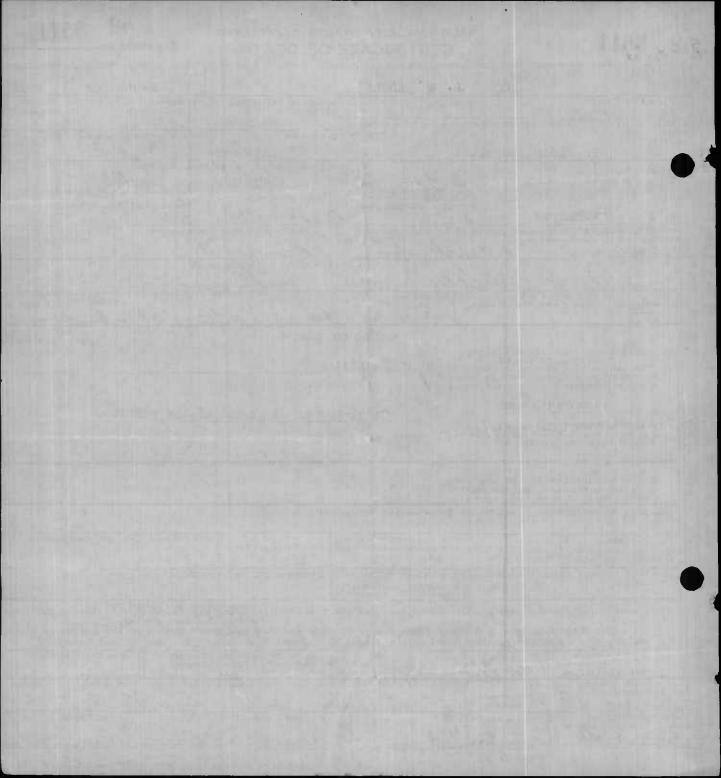
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Physicians:

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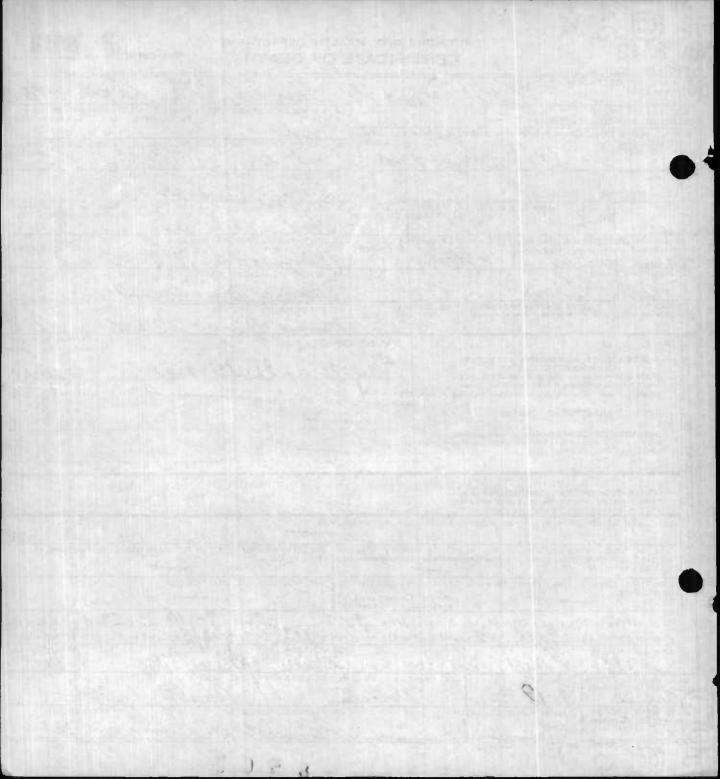
52 8512 BALTIMORE CITY HEALTH DEPARTMENT correct age is especially important. Physicians: please write the causes of death clearly and region, in

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52 8512

BI	RTH NO.			CERTIFICA	ATE	OF DEATH	Registered 1	10
1.	NAME OF D	ECEASED W	(:00:0	24	1	Shined.	2. DATE OF	pot 14-1959
	PLACE OF D Baltimore (	EATH: City, Maryland	uw	Manan		4. USUAL RESIDENCE (VA. STATE	Vhere deceased lived. If	institution: residence before admission)
B. HC	FULL NAME OSPITAL OR STITUTION		al or institution	on, give street addre	. \!	c. CITY OR TOWN (If	outside corporate limit	, write RURAL and give
IN	SITIOTION	John of	ophi	is Hosp.	rs.	D. STREET ADDRESS (IF	rural, give location)	2-O Jownship)
c.	Length of s	tay in Baltimore		M	los.	1211 20 /	meale St	2
5.	SEX	6.COLOR OR RACE		, MARRIED. ED, DIVORCED (Sp		Sout 16-1916	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours on the Days Hours Min.
		CUPATION (Give kind of of yorking life, even if retired)	108, KIND	OF BUSINESS OF		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S	VAME P.	M	eek Mill	-	14. MOTHER'S MAIDEN N	AME	11, 8.
15	WAS DECEASE	e Shud	EORCES?	16. SOCIAL		Mamie De	unham	/
(Ye	, no or nnknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	s of service)	SECURITY N	0.	Mamie Dave	5 - 23/6 n	· Lanvale A
		4.1 1		CAUS	SE O	F DEATH		INTERVAL BETWEEN
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)							3.44
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
7	ANTECEDENT CAUSES							
TIO	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G				
FICA				(C)			,	
CERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D				
1	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF C	OPERA	TION		20. AUTOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (earm, factory, street, office			If in Baltimore City,	give exact location)
	210. TIME OF INJURY	(Month) (Day) (Year		THE AT NOT W		21F. HOW DID INJUR	Y OCCUR?	
	22. I hereb	by certify that I at			9 -	2 19 <b>52</b> to		Last I last saw the
	deceased 2		, 19.52	and that death o		red atm. from	has been and on t	he date stated above.
	411	4x) Yau	08	1 Klow M. D	. 6	Y OR CREMATORY 24D. L	MA) Closes.	9-14-52, or county) (State)
	Surville	Specify)	52	(1)/	ile		Salto.	mol
D	SE PEGIS	D BY REGISTRAR	SSIGNATU			25. FUNERAL DIRECTOR	Sulla	and al

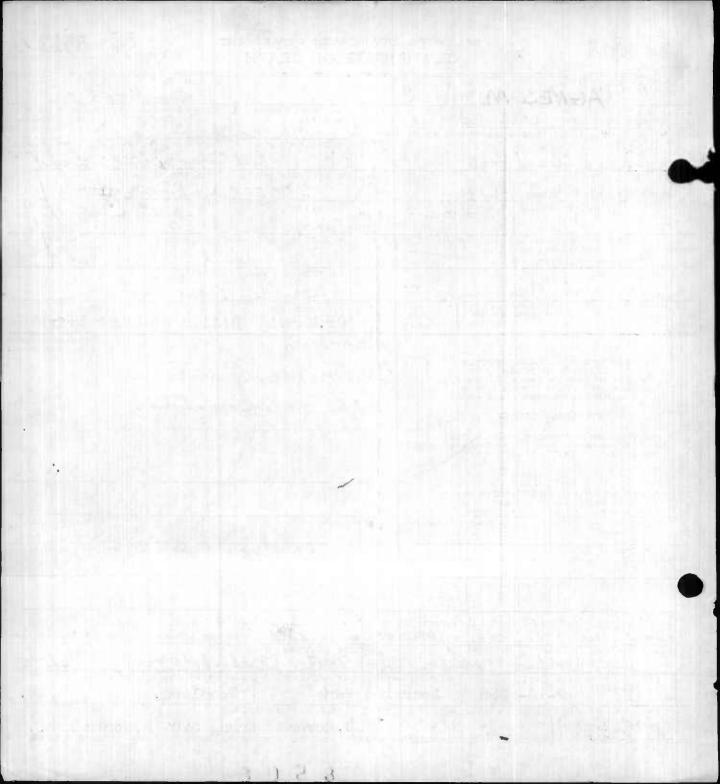
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8513

	BIRTH NO.							
	1.	NAME OF DECEASED  AGNES M. Miller	2. DATE OF DEATH 9-13-52					
	Α.	Baltimore City, Maryland Md - Gen. Hospital	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
4	HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location)	C. CITY OR TOWN (If outside corporate mait, weit Rowal and give township)					
		aryland Several Hosp.	D. STREET ADDRESS (If rural, give location)					
	30.	Length of stay in Baltimore Life Mos. Days	2005 Oals Drive #7					
апа		F. 6. COLOR OR RACE 7. SINGLE (MARRIDO, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under IV the last birthday)  Months Days Hours Min.					
early	10 work	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR K done during most of working life, even if settred)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
n ci	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
deat		Edward Bowersox	Louise Heverson					
causes of c	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Mr.Marvin Miller 2005 Oak Drave					
Physicians: please write the	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	L'Carcenmatris					
Ph	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?					
nt.	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	YES NO					
important.	EDIC	21A. ACCIDENT. SUICIDE. About home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?					
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE						
ciali		m.   work AT work   22. I hereby certify that I attended the deceased from 9-	5 - 19 52-to 9 - 13 , 19 5, 4 hat I last saw the					
especially		deceased alive on 9-13, 1952 and that death occur	rred at 4 5 Am., from the causes and on the date stated above.					
\$2 100		23 an SIGNATURE Worald Fasher M.D.	md. General Hosp 9/13/52					
ct age	2. TI:	4A. EURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMET						
correct	-		25. FUNERAL DIRECTOR ADDRESS					
ő		SEP 1 5 1952 Huntington Williams Mil	G. Howard Strong 3207 W. North Ave.,					
		Vs 150						
		1 9 5 2 0 0 0	8 5 0 8					

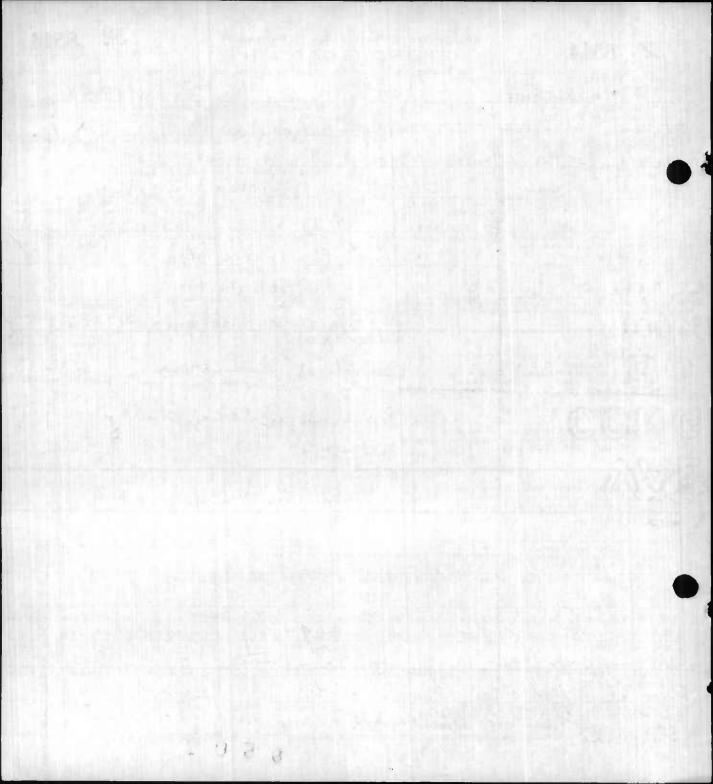


BALTIMORE CITY HEALTH DEPARTMENT Registered 1 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF OseRhine one s DEATH 3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF ali HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUL and give INSTITUTION township) Pita Itim ore Yrs. D. STREET ADDRESS (If rural, give location) Mos DIVKWOOD c. Length of stay in Baltimore ace Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours : Min. marrie IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of work log life, even if retired) INDUSTRY WHAT COUNTRY? HW Saltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schwart Nalter 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO 327 131 FKW 000 osep hine lace INTERVAL BETWEEN 18. CAUSE OF DEATH 170 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DHE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Dan RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK m. WORK 22. I hereby certify that, I attended the deceased from Que to 19 that I last saw the deceased alive on Send 1 x, 195 and that death occurred at 9 1 m. from the causes and on the date stated above. 23A, SIGNATURE 23¢ DATE SIGNED 23B. ADDRESS 244. BURIAL, CREMA-TION REMOVAL (Sylecify) 24D. LOCATION (City, town, or county) 248. DATE 24C, NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR

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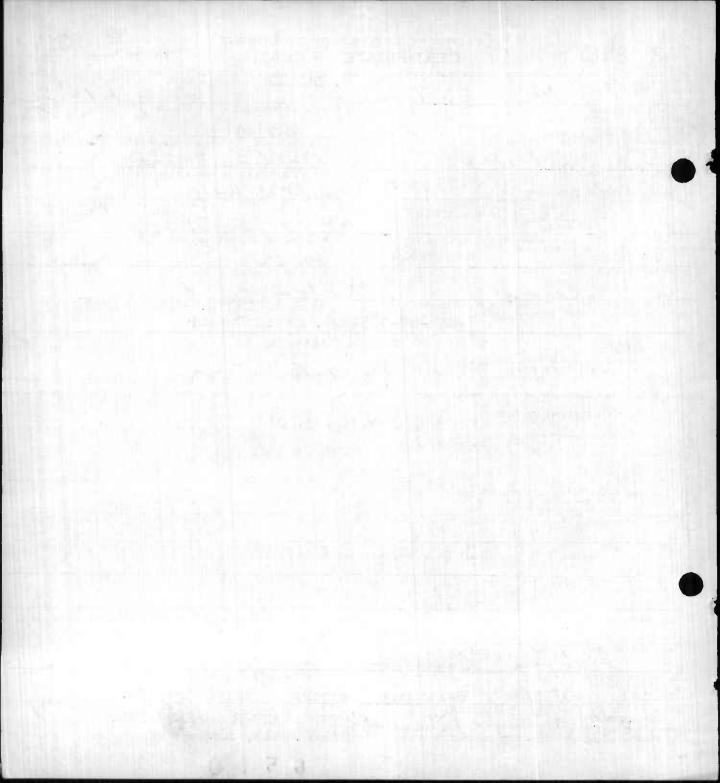
BALTIMORE CITY HEALTH DEPARTMENT 8515 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED MARY E. DUMMER 2. DATE (Type or Print) OF ummer DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE

B. COUNTY before admissi 3. PLACE OF DEATH: Baltimore City, Maryland hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate links, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. years Mos. PN. Grolle c. Length of stay in Baltimore Days 6. COLOR OR RACE 7, SINGLE MARRIED WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF . AGE (In years last birthday) Months; Days Hours; Min. IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF housework work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) olfe Street 16. SOCIAL (Yes, no or unknown) -07-4252Mrs. David Dummer INTERVAL BETWEEN CAUSE OF DEATH 260% ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE 22. I hereby certify that I attended the deceased from lest to , 19 to Lest . 12, 195 that I last saw the deceased alive on Lift. 12, 1952, and that death occurred at 10:25 Asfrom the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS Syt- 12 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-TION, REMOVAL (Arecify) burial Baltimore, Md. 15/52 Baltimore Cemetery 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE M. HENRY SANDER & SONS, INC. LOCAL REGISTRAR untington VS 150

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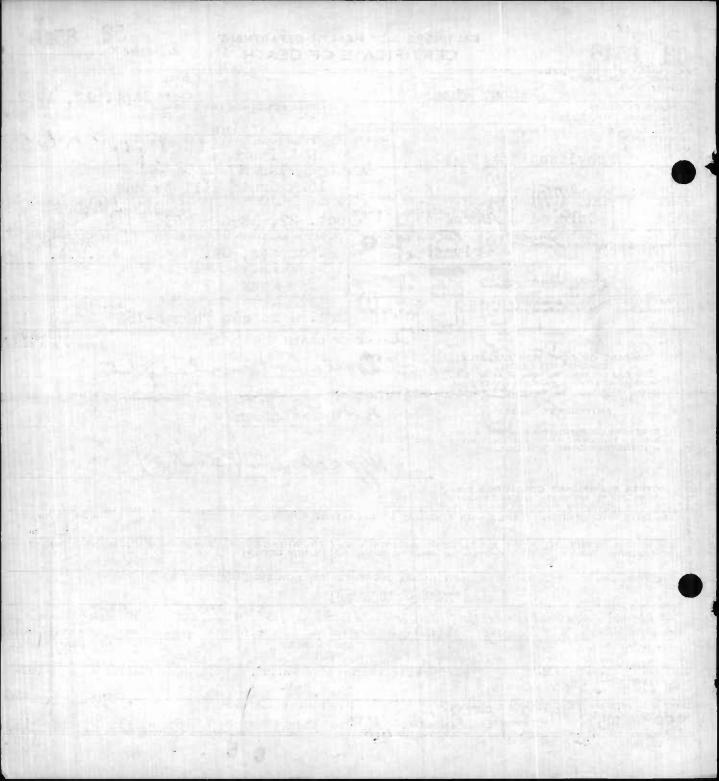
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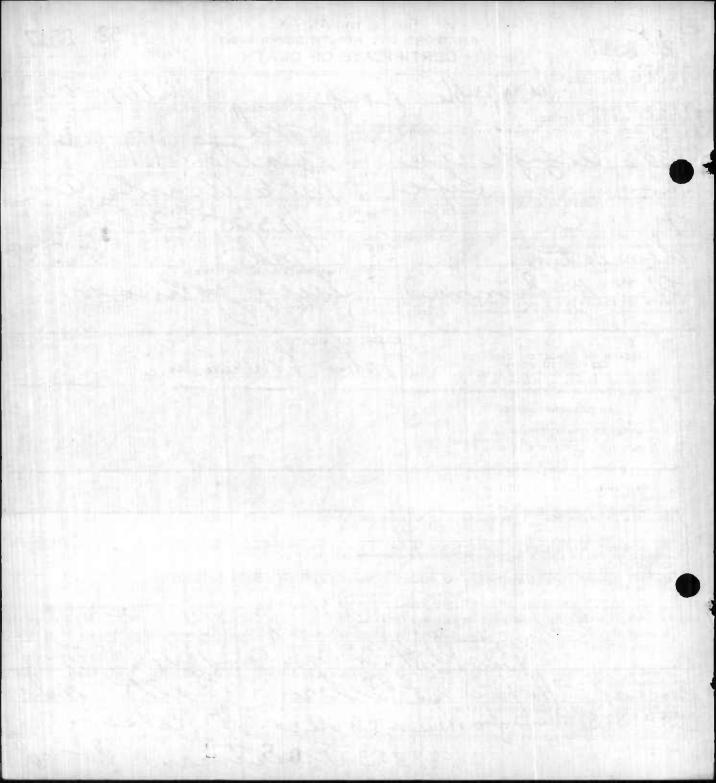
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untington Williams, M. Holland Funeral Home-1631 Druid

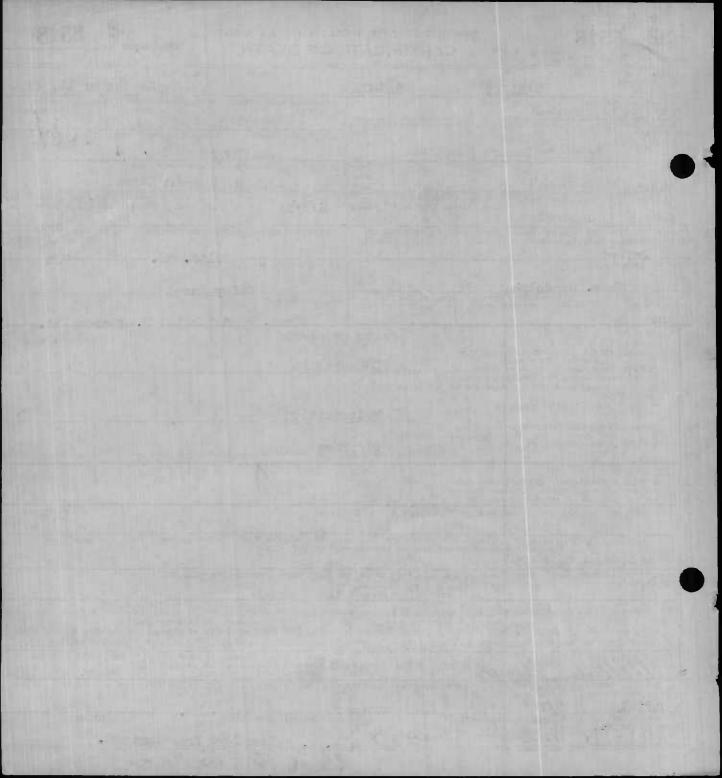
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į,	2 85	17	BALTIMO	RE CITY HI	EALTH DEPARTMENT		52 8517
***	RTH NO.		CEF	RTIFICAT	E OF DEATH	Registered I	No.
	NAME OF D ype or Print)	ECEASED WO	rautte	Mian	uhsar	2. DATE. OF DEATH	3-5-2
Α.		City, Maryland			A. STATE	Where deceased lived, If B. COUNTY	institution : residence before admission
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution, give	e street address or location)		autside corporate limit	ts. Wite ROUAL and giv
4	306	agy	le lis	Yrs.	o STREET ADDRESS (If.	oural, give location)	township
		tay in Baltimore	Tef	Mos. Days	1306 6	royl	are
5.	7	6. COLOR OR RACE	7. SINGLE MAR WIDOWED, DH	RIED, YORCED (Specify)	12//3/25	9. AGE (10 years last birthday) Mo	Il Under 1 Year M Under 24 Hours Min
work	don during most o	CUPATION (Give kind of of working life, wen if retired)	10s. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE State or fo	oreign country)	12. CITIZEN OF
13	FATHER'S N			)	14. MOTHER'S MAIDEN N.	AME	
	. WAS DECEASE , no or nnknown)	ED EVER IN U. S. ARME (If you, give war or date		OCIAL ECURITY NO.	17. INFORMALY	mo	DDRESS
RTIFICATION	heart failu injury or DISEASES RISE TO TI UNDERLY	LEADING TO DEATON TO THE METERS TO THE METERS TO METERS	of dying, e.g., ins the disease, caused death.)  DES  FANY, GIVING STATING THE DIST.	(A)		uom q	
CE	TO THE DI	SEASE OR CONDITION		INGS OF OPER	PATION		20. AUTOPSY?
CAL	TOX. DATE O	O LIVATION O	SB. MASON TIND	11465 01 07 21	•		YES NO
1EDI		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF ebout home, ferm, factor	INJURY (e. g., i ory, street, office bldg.,		If in Baltimore City,	give exact location)
	21D. TIME (OF INJURY	Month) (Day) (Year	(Hour) 21E. IN WHILE AT WORK	JURY OCCURR		Y OCCUR?	
	22. I hereby	y certify that I att	ended the decease, 195), and the		7/9, 1952, to 9 rred at 5 m., from t	he causes and on t	that I last saw the
	23A, SIGNAT	TURE /	Bus R/	Ham. St	238. ADDRESS Du	1Kell 5	23c DATE SIGNED
24	NA. BURIAL, C N. REMOVAL (S		153 246.1	TO CEMETE	ERY CREMATORY 24D. L	CATION (City, town	or codney) (State)
LC	SEPESIST	MARK A TT 49	s signature.	acus M.F	25. FUNERAL DIRECTOR	· Kels	ADDRESS
	VS 150		72984	1303	Presstr	nan	St.



5 <sub>5</sub>	3 4 85 H NO. 3 D	18	ВА	LTIMORE CITY CERTIFICA				Register	52 ed No_	851	8
I. NA (Type	ME OF DEC or Print)	eased Peari	TNE	RANDO	LPH			2. DATE OF DEATH Sep	tembe	r 11,	1952
	ACE OF DEA	11.	4. USUAL RESIDE	NCE (W		d. If insti	tution : re				
B. FUI HOSP	LL NAME OF	"f not in hospit		tion, give street addres		CITY OR TOWN		outside corporale l	ilds, vi	ite RUKA	Land give
0	r	ranklin Squ	are no	Y	- 1	STREET ADDRE		rural, give location			
		y in Baltimore		D:	os.			incent Str			
	male	Color of RACE	WIDO	E, MARRIED. WED, DIVORCED (Spe	cify)	6/9/52		9. AGE (In year last birthday)	Months 3		Under 24 Hours urs Min.
10A. L work done	e during most of wo	PATION (Give kind of orking life, even if retired)	10B. KIN	D OF BUSINESS OF		1. BIRTHPLACE (S	tate or for	reign country)	12.	CITIZEN WHAT C	OF OUNTRY
13. FA	Infent	ME			1	4. MOTHER'S MAI	DEN NA	THE Md		<del>US.</del>	-
		s. Randolph		ח	)ai ar	Dara		L			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service) SECURI				0.	17. INFORMANT ADDRE				ESS	
	20				Those Randolph 223 M. Wincor			ont st			
RTIFICATION	(C)										
Ш	TO THE DISE	O THE DEATH, BUT ASE OR CONDITION	CAUSING	IT							
U 19	A. DATE OF	OPERATION 1	9B. MAJOF	R FINDINGS OF O	PERAT	ION				20. AUT	OPSY?
S UN	DERLYING [	CAUSE WAS OR CONTRIB-		ACE OF INJURY (e., farm, factory, street, office b				f in Baltimore Ci	ty, give		
OF	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK										
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry there have evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and doubth in my opinion resulted from: natural eauses ⋈, accident ⋈, suicide ⋈, homicide ⋈, undeterm 23A. SIGNATURE  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER 23C. DATE ASSISTANT MEDICAL EXAMINER								ay state termined	d above d [].	
TION, F	BURIAL, CRE	ify)	WILL ST	24c. NAME OF CEMI	ETERY	OR CREMATORY		OR     OCATION (City, to		t. 11	(State)
DATE	RECEIVED E REGISTRA FP 15 10	R. I. A.		Villiams, M.		5. FUNERAL DIRE		Md. Presstmen	AD	DRESS	1
VS	151		0	· / /	L	Less H	1.1/2	selsor			V



#### BALTIMORE CITY HEALTH DEPARTMENT

52 8519

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Wells. Si OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Beltimere (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate I mile, write KURAL and give INSTITUTION Mercy Hospital (ownship) Yrs. o. STREET ADDRESS (If rural, give location) 69 Yrs Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH tf Under 1 Year AGE (In years last birthday) Months; Days Hours; Min. Negro Mdrr) &d 10A, USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work doneduring most of working life, even if retired) INDUSTRY UANITOK 13. FATHER'S NAME USA 14. MOTHER'S MAIDEN NAME House 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURIT --10-1151 18. CAUSE OF DEATH 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A-5 Cardiovascular Ducase (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OHE TO ANTECEDENT CAUSES Anterior MyocardialInforction LION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. RTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 4 n quint e. g., in or (If in Baltimore City, give exact location) 218. PLACE OF INJURY 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 5-10 1934 to 9/12/ 22. I hereby certify that I attended the deceased from\_ ., 1951 that I last saw the 19 52 and that death occurred at 9:350m., from the causes and on the date stated above. deceased alive on 918 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24c. NAME OF TION BEMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIREC ADDRESS LOCAL REGISTRAR alon VS 150 PRESSITMAN ST.

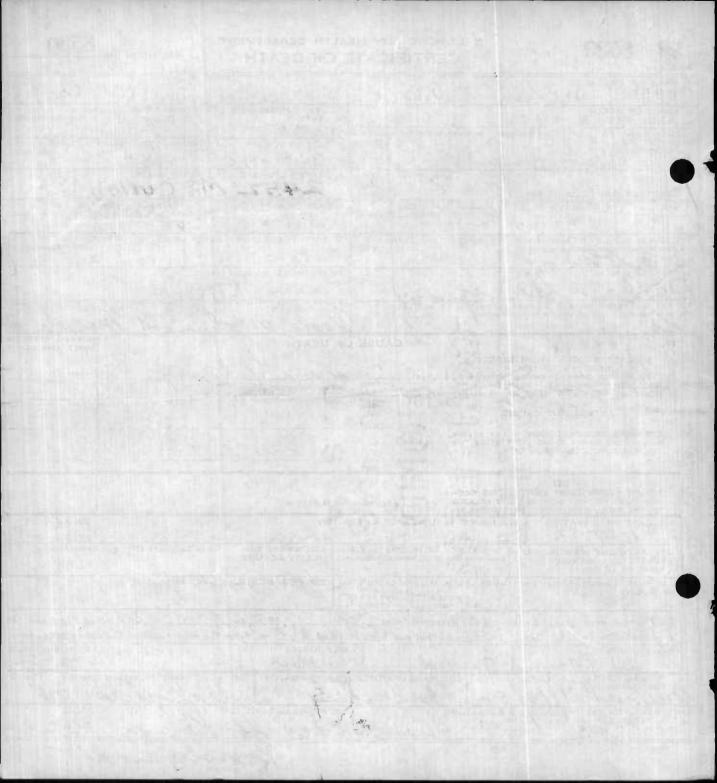
Loyd Albania ensettlas limited The the members Treating Pick Street - (B) TWW the delication was a self-contract and the Tales of the occurtificactors Sinced Lange of the Control of the Control 

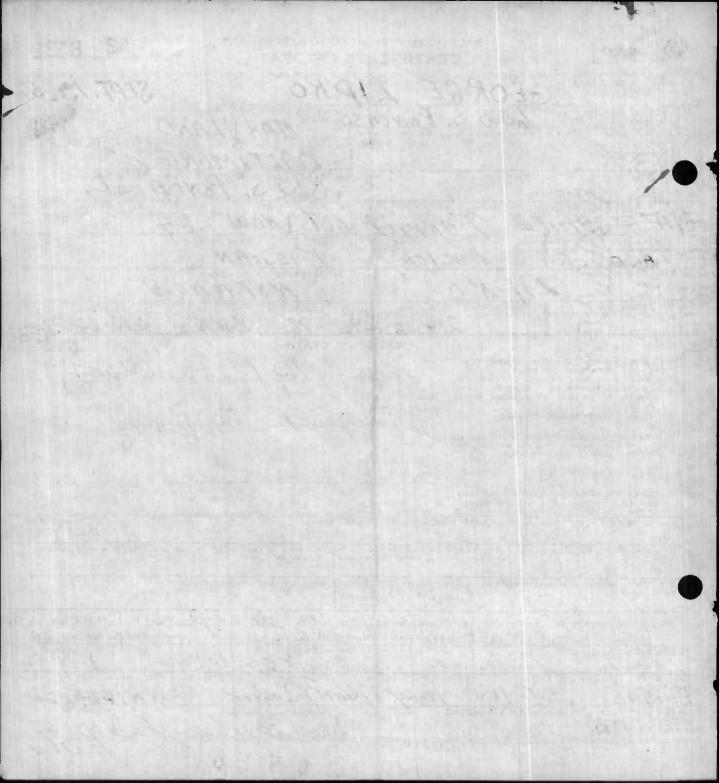
52 8520

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8520 Registered No. 8520

BI	RTH NO.					•			
	NAME OF Daype or Print)	Grayso	n	Wallace		2. DA	F 9	-11-52	
Α.		City, Maryland			4. USUAL RESIDE		eased lived.	If institution : resid before ada	
H	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address location		(If outside c	orpor te lin	nits, write NURA	
	STITO HOX	Univ. Ha	sp.		Baltimo		10	5-00	wnship)
_	Length of	stay in Baltîmore	/	P Yr.	2457	SS (If rural, giv	e location)	106 5+	
	SEX	6. COLOR OR RACE	7. SINGLE	Da: L. MARRIED. /ED, DIVORCED (Spec	8. DATE OF BIRTH		(In years	If Under 1 Year   If Under 1 Months! Days   Hour	or 24 Hours
10	M	negro			1-11-52	7	2		•
work	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUST	RY / A .	tate or foreign con	intry)	WHAT COL	
13	FATHER'S	NAME 00	20 Y.1		14. MOTHER'S MAI	IDEN NAME		1 237	5
1	Pall	as Kin	an	soul	Lucy	E//150	ph		
(Ye	, no or unknown)	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	Johns	and	Melula 1	8 0
	18. 16	/ X		' CAUSI	of DEATH	1		INTERVAL B	DEATH
		SE OR CONDITION LEADING TO DEA	TH	_		00	,		
	heart fails	s not mean the mode of ire, asthenia, etc. It mes complication which	ns the diseas	e,	with met	tagin	<b>Y</b>	***************************************	
	injury or	ANTECEDENT CAUS		., 502 10	7/200	74747			
Z	DISEASE	S OR CONDITIONS, I		(B)		***************************************	•••••	***************************************	************
ATIC	RISE TO	THE ABOVE CAUSE (A)	STATING TH						
-IC				(C)					
ERTIFICATION		II SIGNIFICANT CONDI			0				
CE	TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING I	T. COOCO	eleroes,				
AL		2 - 52		FINDINGS OF OF	Planen			20. AUTO	PSY?
EDICA	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING	218. PLA	ACE OF INJURY (e. l'arm, factory, street, office blo			timore City	, give exact location	
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUI	RRED 21F, HOW DID	INJURY OCCU	R7		
	- INSORT		m.	WHILE AT NOT WH AT WOR	К	MOSTO H			
	22. I herel	y certify that I att	tended the	000000000000000000000000000000000000000				54 that I last s	
	234 SIGNA	live on 9 -11	, 1936,	and that death oc	23B. ADDRESS	from the caus	es and on	the date stated	
	U	Villeam a	Her			Hosp	- 00	9-12-	
TIS	A. BURIAL,	Specify 248. DATE	52	24C. MAME OF DEME	TERM OR CREMATORY	24b. LOCATIO	City, In	or county	(State)
	ATE RECEIVE		SSIGNATI	IRE	25. FUNERAL DIRE	ECTOR	1	ADDRESS	
	SEP 15	1952 Thun	tington	Williams, 1	worder.	4. Ke	CAN	130	3
	VS 150	HE STATE	U	god	Pa	esses	nar		
				h Brr.	0 08	(a) (a) (b)			



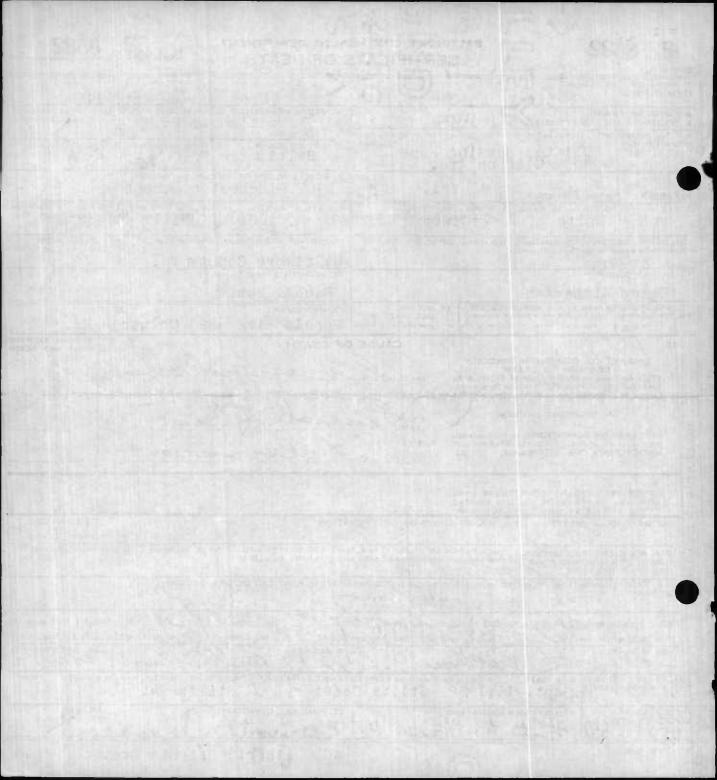


460 52 8522

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8522

	BI	IRTH NO.						
		NAME OF DECEASED	2. DATE					
1	(T	ype or Print) Lizzie Koller	DEATHSent. 11.1952					
	A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore, Md.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Baltimore, BMC UNTY before admission)					
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Clifton Nursing Home 3502 Clifton Ave.	c. CITY OR TOWN (If outside corporate limits, white RURAL and give Haltimotre Md. township)					
	Î	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 2927 Winchester Street					
	5.	Length of stay in Baltimore  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED, WIPOWED WORKED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under I Yest Months Days Hours Min.					
	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  At Home	11. BIRTHPLACE (State or foreign country)  Baltimore County Md.					
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		Henry Zimmerman	Rachel Ruhl					
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS					
	(Yes	n, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Bessle Kirk 4820 Colherne Rd.					
one of the state o	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (B)  (B)  (C)	Loronay Orolusion  Alereo  Ale					
	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?  YES NO					
Local Control	1EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., cause of Death						
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
		22. I hereby certify that attended the deceased from the	ly 13, 19320 800 11, 195 2 shat I last saw the					
2		deceased alive on 16, 1932 and that death occur						
24		23A. SIGNATURE L'INDÉCER M. D. 2	12/9 Deflantione 23c. DATE SIGNED					
900 000	715		emetery Stiltz Pa. (State)					
TOTAL	D/ LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE, DCAL REGISTRAR HITTINGTON Williams, M.	25. FUNERAL DIRECTOR ADDRESS					
-		VS 150	4600 biberty Heights Ave.					

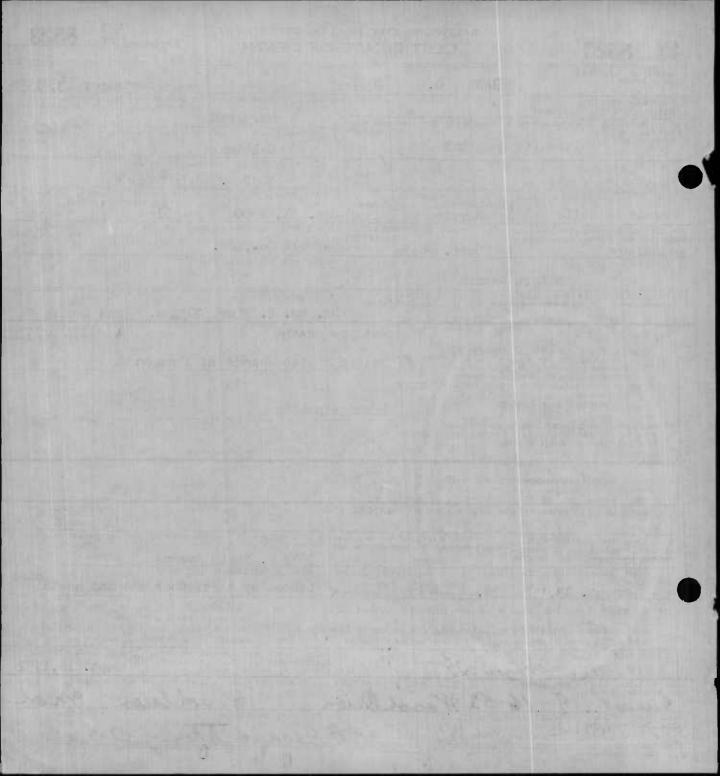


death

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causes

Physicians:



-11		67.5	<b>FO</b>						
1	BALTIMORE CITY HEALTH DEPARTMENT 52 8524								
	BI	BIRTH NO. 85232 - 23645 CERTIFICATE OF DEATH Registered No.							
	1.	NAME OF DECEASED  Ope or Print)	2. DATE OF						
-		12564 9171 10WNS	end DEATH SEPT 14,1882						
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
	В.	FULL NAME OF (If not in hospital or institution, give street address or location)							
		STITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
7		Union Memorial Hospital	D. STREET ADDRESS (If rural, give location)						
4	ŷ	Mos.	1) 1 #// 4 1 1						
=		Length of stay in Baltimore Days   SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours						
		E. / WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.						
		A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
ľ	rork	done during most of working life, even if retired) INDUSTRY	MAYG/AND WHAT COUNTRY?						
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	1	Villiam S. Tomnsend	Mary Green Endage						
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS						
	(169	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Father 121 Alleghan Hue						
		18. 754.1 . CAUSE	OF DEATH						
		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
		(This does not mean the mode of dying, e.g., (A)	dia failure						
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
		ANTECEDENT CAUSES							
3									
3,	NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  With attenia							
	CA	UNDERLYING CONDITION LAST.	aorta, and patent						
	RTIFIC	II(C)	duction of the same						
	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	and septel delict						
	Ö	TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?						
.	A L	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	YES NO						
200	EDICAL	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	n or   21C. WHERE DID (If in Baltimore City, give exact location)						
	MEL	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?						
	3	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?						
		m. WHILE AT NOT WHILE							
1		22. I hereby certify that I attended the deceased from.	7-12, 1952 to 9-14, 1957, that I last saw the						
Jes		deceased alive on 9-14, 1952, and that death occur	rred atm., from the causes and on the date stated above.						
2		23A. SIGNATURE	23B, ADDRESS Memoral Hosp 23g. DATE SIGNED						
200	2/	M. D. LAC. NAME OF CEMETE	RY OR CREMATORY   240. LOCATION (City, Aven, or county) (State)						
2	TIC	BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE OR, REMOVAL (Specify)  OLIGANIA 9-16-57  OPPLIED TO	color Pelacello Pred.						
	D	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	250 UNERAL DIRECTOR ADDRESS						
3	LC	CED 151052 + + + + WII aug M.	2. Stoll Repola Thanks Mide						
	=	VS 150	A STATE OF THE STA						
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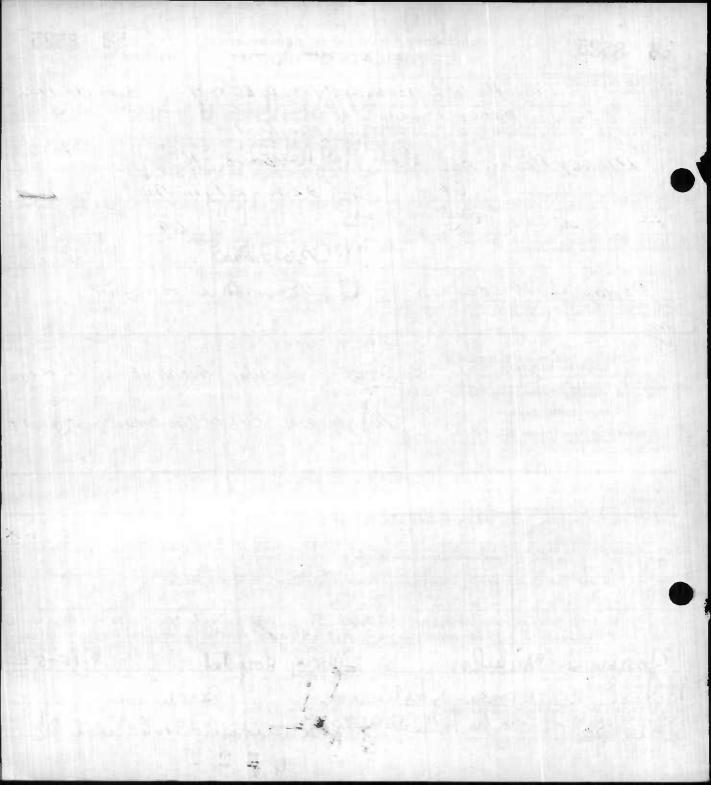
HIMATE TO STREET

3/	4 8525
IPTH NO	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8525 Registered No.

BI	RTH NO.						
(T	NAME OF D ype or Print)	14/155	HELEN	ELIZABETH	WIEDEFELD	DEATH	SEPT. 15, 1952
	PLACE OF D Baltimore C	EATH: City, Maryland	MERCY	Hospital	4. USUAL RESIDENCE	(Where deceased livers B. COUNT	ved, If institution : residence TY before admission)
В.			al or instituti	on, give street address or location)	Maryland		-117
IN	STITUTION	211			2011.	./	elimits, write RURAL and give township)
3	7//	PERCY HOS	PITAL	Yrs.	D. STREET ADDRESS (	/6. If rural, give locali	on)
	Longth of a	tor in Poltimone	6	G Mos		Igin Av	
	SEX	tay in Baltimore	7. SINGLE	MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ars If Under   Year   If Under 24 Hours
	F	w	WIDOW	ED, DIVORCED (Specify)		last birthda	y) Months Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	/	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	FATHER'S				14. MOTHER'S MAIDEN		9.0.7.
	DEN		IEDEF	ELD.	DEBORAH	L. Bui	rgan
15 (Yes	WAS DECEASE , no or unknown)	D EVER IN U. S. ARMET (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		ox 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	O/1002	O. DEATH		ONSET AND DEATH
	(This does	not mean the mode of	TH of dying, e.g	. Cere	bro-Vascular	Acciden	t Zdays
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease	2,			
		ANTECEDENT CAUS	SES				
z				(B) MET	ASTATIC C.A.	of the Br	east 5 years +
TION	RISE TO T	OR CONDITIONS, IN	STATING TH	G IE DUE TO			
CA	UNDERLY	ING CONDITION LA	AST.	(C)			
Ī.		- 11					
ERT		IGNIFICANT CONDI					
CE		TO THE DEATH, BUT SEASE OR CONDITION				(	
اد	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
CA	A14 ACCID	ENT WAS UNDER-	218 PLA	CE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimore	City, give exact location)
MEDI	LYING OF	R CONTRIBUTING		arm, factory, street, office bldg.,			orly, give exact rocation,
	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
			m.	WORK NOT WHILE			
22. I hereby certify that I attended the deceased from Sept. 4, , 1952, to Sept. 15, , 1952, that I las							1952, that I last saw the
	deceased al	ive on Sept. 15,	_, 19.52_	and that death occur		the causes and	on the date stated above.
	23 SIGNAT	J. Wie	luls	M. D.	Wry Hospil	al	9-15-52
2.4 TJ0	A. FIRIAL,	REMA- 24B, DATE	2	24C. NAME OF CEMETE	RY OR CRENATORY 4D.	LOCATION (City	, town, or county) (State)
1	Sureal	Such	752	Calluda	al	Ballen	cock
	TE RECEIVE		rator 1	Villiams Mit	25. FUNERAL DIRECTOR	300 6 6 8 8	ADDRESS Biddle St
		MANUEL CO.			LIVE WALL		



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8526

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARY LAMM	2. DATE OF SEPT. 14, 1952
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 348 E. 25TH ST.	C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
c. Length of stay in Baltimore LFE Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  348 E. 25 TH ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	AUG. 23, 1873  9. AGE (In years If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  OWN HOME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
JOHN H. MICHAEL	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	MARGUERITE L. STULL SAME
18. 442 X 1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	moseler the Cardio - 18
heart failure, asthenia, etc. It means the disease.	o Po D Wasse
injury or complication which caused death.) DUE TO	inulay loval warse
ANTECEDENT CAUSES	0 0 1/2 11/2
Z (B)	selvat Kenskinge 3 ms
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
ONDERLYING CONDITION EAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO V
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR.	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	4/2, 1911, to 9/14, 19 that I last saw the
deceased alive on 9/13 19 and that death occur	
meh & 12 hun M. D.	23B. ADDRESS 11 1Vh. Calusty 9/15/12
24A. BURIAL, CREMA 24B. DATE 240, NAME OF CEMETE TION, REMOVAL (Specify) 0-17-1951 MFA DOLA RID	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
DATE RECEIVED BY A REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS!
LOGAT DEGISTATES Tuntington Villaus	Met Carrier Carola Agar Moult
OLI . TOMP	MAN TENETINS & JOHN ON +102 LOKING

1952000852

control of is especienty important. Inystitians: please write the causes of death clearly and legi-

DR J S. BLUM

IIIS N. CALVERT

#### BALTIMORE CITY HEALTH DEPARTMENT

52 8527

BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED EDGAR LORD BROOK.	2. DATE OF DEATH SERT. 13.1952
A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION	
327 luscany Rd. BALTO, Md.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	
MALE WHITE MARRIED	APRIL 3, 1887 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OFFICE MANAGER  10B. KIND OF BUSINESS OR INDUST  C.C. 4 S. C. (Mfq-s)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CORK PAUD	14. MOTHER'S MAIDEN NAME
JOHN THOMAS BROOKS  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	ELLA MADORA LORD
(Yes, no or unknown) (If yes, give war or dates of service)  (If yes, give war or dates of service)  213-01-0727	LUCIEN B. BROOKS 705 MURDOCK Rd
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	arimonia of Magdilla 18 Miss The Matasais to neck 8 miss
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	ERATION 20. AUTOPSY?  YES NO 4
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bl	
21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MAT WORK  AT WO	LEM
	nurred at 10 pm., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  14 Jun 52
24c. NAME OF CEMENTION, REMOVAL (Specify)  Sept 17 1952  RUID OR	TERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 15 1952 that Williams, My	Vienry M. Jankins & Sous to 4905 York Rd.
VS 150	9328522

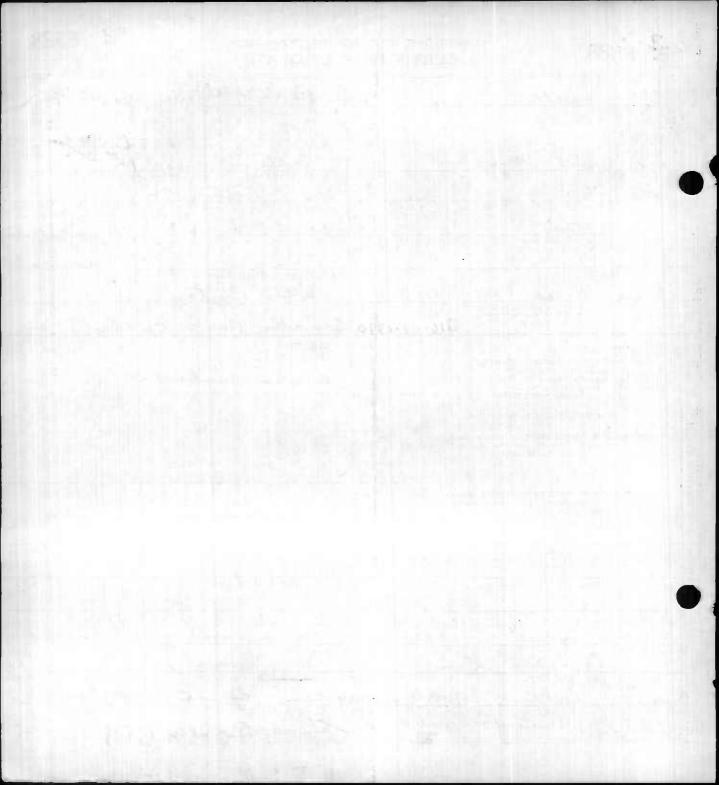
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correct age is especially important. Physicians: please write the causes of death clearly and legib.

#### BALTIMORE CITY HEALTH DEPARTMENT

52 8528

	CERTIFICATI	E OF DEATH	Registered No.	
1. 1	NAME OF DECEASED pe or Print)	(0-0-11464	, a. DATE	
	Walter Jaseph Perro	PERZYNISK	DEATH Sext.	13 1952
	PLACE OF DEATH: Paltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived. If ins	titution : residence before admission)
B. F	ULL NAME OF (If not in hospita) or institution, give street address or	me	B. COOM 1	merore admission;
	SPITAL OR location)	C. CITY OR TOWN (If	outside corperate limits,	rit RUKAL and give
	me. Several Hoop.	Beltinia	4	township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
-d.	Length of stay in Baltimore Mos. Days	1738 Earl	in the.	
5. 5	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) H Und	el 1 Year   M Under 24 Hours
	m. while-	Sux 13'1903	last birthday) Month	s Days Hours Min.
10A	. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1. BIRTHPLACE (State or fo	preign country)   12	. CITIZEN OF
WORK	lone during most of working life, even if retired)	<b>7.</b>		WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N	ΔMF	Bruca.
	P O. ( ===============================	STIL D	en	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	selle 154	IKU	
(Yes,	no or unknown) (If yes, give war or dates of service) SECURITY 100.	17. INFORMANT	ADD	RESS
	216-09-1390	Demodine Ps	rr-1738 E	stern are
	18. 204.0 CAUSE	OF DEATH	V - / - /	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	. 0		
	(This does not mean the mode of dying, e.g., (A)	loute le	ukeme	7
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
	ANTECEDENT CAUSES			
z	(B)			
J.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		****	
1	UNDERLYING CONDITION LAST.			
F	f			
RTI	II (C)			
H H	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
U _	TO THE DISEASE OR CONDITION CAUSING IT.	ATION		1 00 11 - 0 - 0 - 0
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	*	20. AUTOPSY?
0 -	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, give	YES NO
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	in Bullimore Orty, give	CARCO IOCAGIOII)
5 -	Constitution (March) (Device Variable Agency Constitution (March) (Device Variable Agency Constitution (March)			
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCURT	
	m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from	1.8, 1952 to	Eut 13, 1954	hat I last saw the
	deceased alive on Sect. 13, 1952, and that death occur			
		3B. ADDRESS		3c. DATE SIGNED
	fge- Jew Ken M.D.	pra. Jen	al Hosp.	Syt. 15 51
24/ TIO	A, BURIAL, CREMA- 248, DATE 24C. NAME OF CEMETER	RY OR CREMATOR 24D. L	OCATION (City, town, or	county) (State)
B	me al Seat 16-1952 Holy Rosar	4 Cem Ven	non Hich	Road
	TE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		DDRESS
CE	P 1 5 1952 Huntington Williams, M.	Vienas R	Weller 705 of	Cum 25
⇒£	VS 150	0: 0		
	10502990	CH		
	1 7 5 2 6-17	8 5 2 3		



VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

52 8529

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF OECEASED 2. DATE (Type or Print) OF oseph DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: before (imission) A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, wate RO AL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, OIVORCED (Specify) If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours: Min. married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL AODRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING what Variles Readent RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINOINGS OF OPERATION 20. AUTOPS VES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DIO (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 19 4 19 V, that I last saw the 22. I hereby certifulthat I attended the deceased from. 191, and that death occurred at 8 Pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 230, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CHEMATORY 248. DATA 3000 TANISLAUS. Gress al DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL OIRECTOR ADDRESS LOCAL REGISTRAN

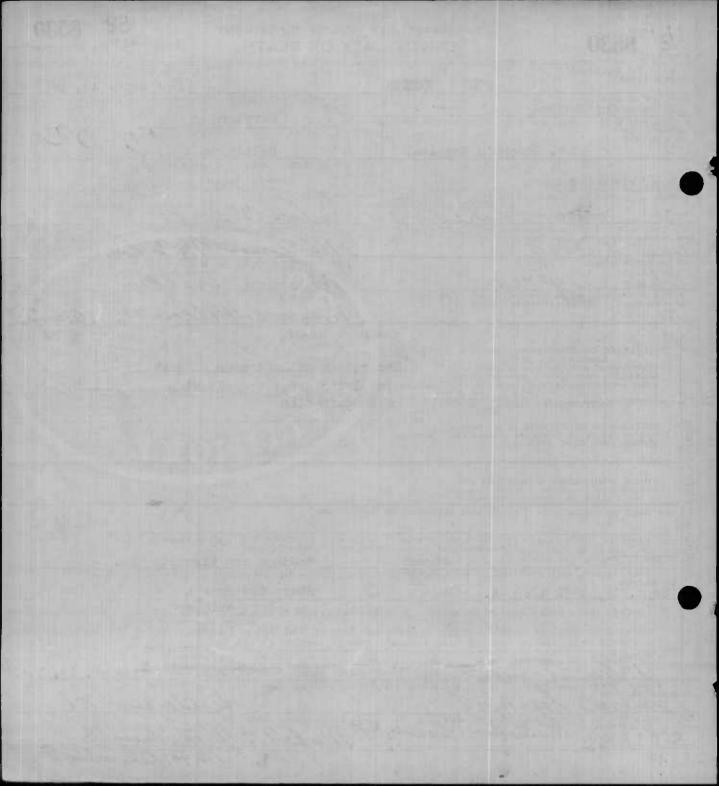
SESTANISEAUCE VON ENNARCH KV. 

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8530 Registered No.

BIF	RTH NO.						
	NAME OF Dependent	ECEASED	JOHN	WALKER		2. DATE OF DEATH Sept	. 13, 1952
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	
HO	SPITAL OR	OF ('f not in hospit	tal or institution	on, give street address of location			ts, write RULAL and give
INS	STITUTION	St. Jose	ephis Ho	snital	Baltimor		(ownship)
		000000	opti b me	Yrs.	D. STREET ADDRESS (If		
-		stay in Baltimore		Мов. Days	723 Ster	ling Avenue	
٥.	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORÇED (Specify	8. PATE OF BIRTH	9. AGE (In years)	It Ends: 1 Year   If Under 24 Hours on the Days   Hours   Min.
	ale	colore	de	ngle	July 6, 1933	19	
work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	XV. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	MIMU. CATHER'S	Labour		Sen' (	14. MOTHER'S MAIDEN N.	1. Carden	e
1	har	les Jone	e		Memorina a	Walker	
15: (Yes,	WAS DECEAS no or nuknown)	ED EVER IN U. S. ARME.	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	, . / A	DDRESS
/	20				Mineroa Wa	elker. 72:	3 Stechning J
	18. E	987x		CAUSE	OF DEATH		INTERVAL PETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA					
	(This doe heart fail	s not mean the mode ure, asthenia, etc. It mes	of dying, e. g	, (A) .Lacera	tion of left side	of neck	
		complication which			ving great vessels	s with	
		ANTECEDENT CAUS	SES	exsan	guination		
Z		S OR CONDITIONS,		G	***************************************	***************************************	
Ĕ		THE ABOVE CAUSE (A) YING CONDITION LA					
O.				(C)			
RTIFICATION		II SIGNIFICANT COND.				- 160	
14 [_	TO THE D	S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT				
L	19A. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	21A. EXTERI	NAL CAUSE WAS	2 IB. PLA	CE OF INJURY (e. g., irm, factory, street, office bldg.,	in or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City, s	
EDIC	UTING []	CAUSE OF DEATH.	about none, ra	street	Madison and	Aisquith Sts.	
Σ	21D. TIME	(Month) (Day) (Year)	, , , , ,	1E. INJURY OCCURR	ED 21F. HOW DID INJURY		
	Sept. ]	13, 1952 12:3	O A.m.   W	WORK NOT WHILE		ment	
	22. I certi	fy that I took char	ge of the r	remains described d	10000 010	topsy	_ thereon and from
	the eva	idence obtained by ath in my opinion	said Autop	osy, Inspection or i	Inquiry, find that said described $\square$ , accident $\square$ , suicide	Inspection or Inquiry eccased died on the homicide K u	e day stated above,
	23A, SIGNA	TURE IN	Low	/	238. CHIEF MEDICAL I	EXAMINER 23	c. DATE SIGNED
24/ TIO	REMOVAL (S	CREMA- 24B. DATE	1	C. NAME OF CEMETE		OCATION (City, town,	ept. 13, 1952 or county) (State)
1	ano	ne sept.	16/52		140	ndeven	Inc.
LOC	TE RECEIVE		rator V	Villiams-, M.F.	25. FUNERAL DIRECTOR	list a There	ADDRESS
VS	151	1502	0		The partice cu	13 030 00	edija V
	H	-874.2	1	9909	9	711,000	



Registered No. 8531 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF September 11, 1952 (Type or Print) (FIREMEN O'ERIEN Furman 3, PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Balto. A STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, we be RI C. CITY OR TOWN MAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mng 10hh N. Broadway Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | Last birthday | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male Colored Single Dec. 18, 1904 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Genera Laborer Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph O'Brien Tinev Williams 15. WAS DECEASED EVER TH U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Brindy O'Brien 1044 N. Braadway 110 NTERVAL BETWEEN CAUSE OF DEATH 073 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial Insufficiency (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Luetic Heart Disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... FIC RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO 218. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IF. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖾, accident 🗔, suicide 🔲, homicide 🔲, undetermined 🗒. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 9/15/1952 Bracklyn Burial THE FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTISS 151

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death

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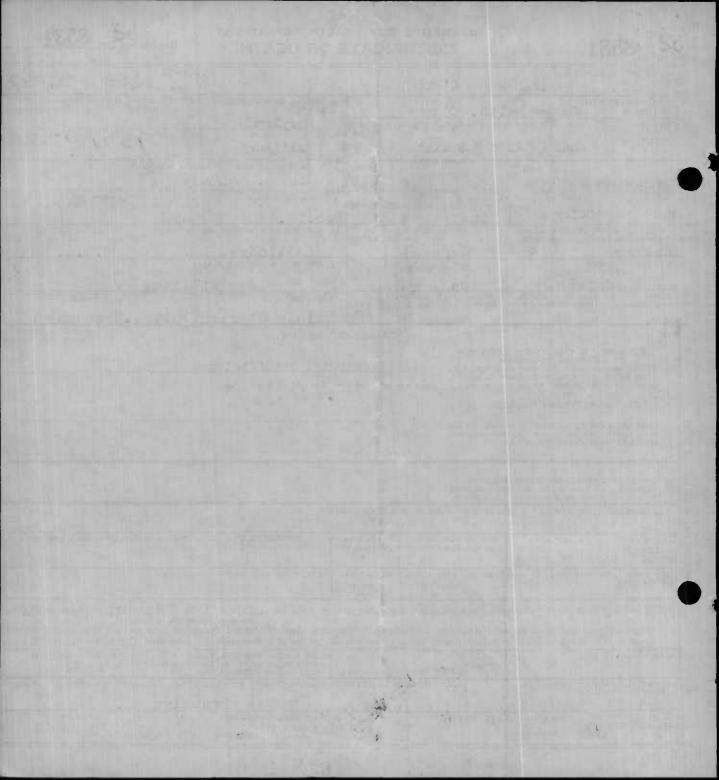
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Physicians:

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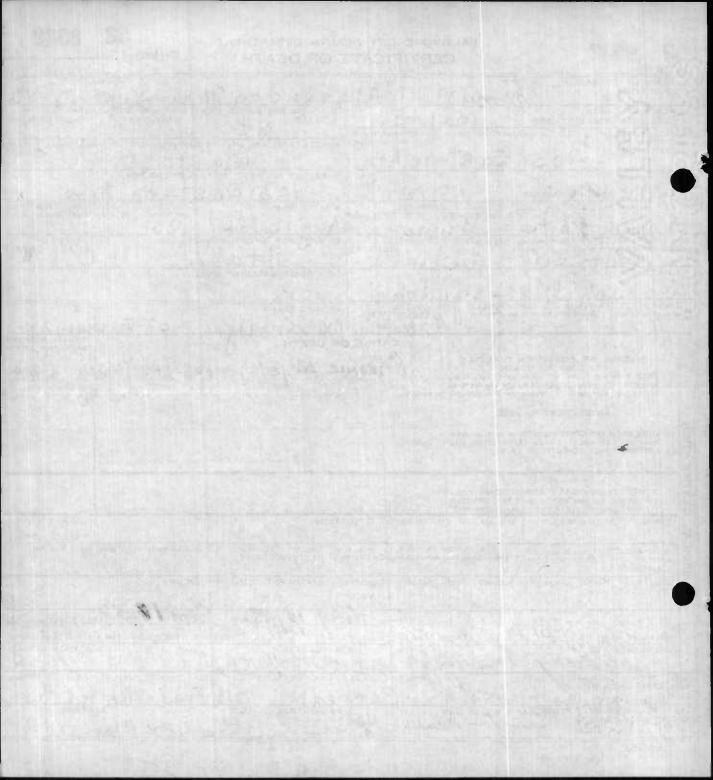
425 52 8532 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8532

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH P 4. USUAL RESIDENCE (Where deceased lived If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RULAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) AGE (In years If Under I Year II Under 24 Hours last birthday) Months! Days Hours: Min. BIRTH 9. AGE (In years) Wido Wed 10A. USUAL OCCUPATION (Givekind of BUSINESS OR 11. BIRTHPLACE (State or foreign country) 100-KIND OF 12. CITIZEN OF work done during post of working life, even if retired)

13. FATHER'S NAME INDUSTRY WHAT COUNTR 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 280 noter 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or mknown) on e arr Cardecho Eastern INTERVAL BETWEEN 18. CAUSE 204. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILF AT NOT WHILE WORK 22. I hereby certify that Lattended the deceased from that I last saw the and that death occurred at Mm., from the causes and on the date stated above. deccased alive on 190 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 24A. BURIAL, CREMA-24B DATE LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRARS REGISTRAR'S SIGNATURE DIRECTOR



4	50
52	8533
BIRTH	NO.
1. NAN	AE OF DECE

## CERTIFICATE OF DEATH

Registered No. 8533

BIRTH NO.	
1. NAME OF DECEASED ONE 4 WILL DSCAR E OF DEATH 9-	13-52
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, I A. STATE  B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (II not in hospital or institution, give street address or location)  C. CI OR TOWN (If outside corporate limit	LING its, write RURAL and give
INSTITUTION Church Home and Hoppital De 4 for	township)
Yrs. D. STREET A RESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years)	
male white marmed sure, 1840 62	lonths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working lift, lyen if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)	12. CITIZEN QF.
13. FATHER'S NAME MAJUNEY 14. MOTHER'S, MAIDEN NAME DECLUCKA	mp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
18. 43.4.1 . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Me de la constante de la const
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	W marin
injury or complication which caused death.) DUE TO	
DISPASES OF CONDITIONS IF ANY GIVING	nev. days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	nev. days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	rev.days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	rev. olays
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rev.days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING   about home, farm, fectory, street, office bldg., etc.)   1NJURY OCCUR?	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. s., in or INJURY OCCUR?  21C. WHERE DID (If in Baltimore City, INJURY OCCUR?)  OF INJURY	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT FILE  22. I hereby certify that I attended the deceased from 1912 to 1912.	give exact location)  7, that I last saw the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCUR?  WHILE AT NOT FILE WORK  WHILE AT NOT FILE WORK	give exact location)  7, that I last saw the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21. I hereby certify that I attended the deceased from 4 MOLYFILE WORK 19 WORK 19 MOLYFILE WOR	give exact location)  A, that I last saw the the date stated above.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from  deceased alive on 19 and that death occurred at 19 am., from the causes and on 23A. SIENATURE  23B. ADDRESS	give exact location)  7, that I last saw the the date stated above.  2 DATE SINED  1, or county) (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT MILE  22. I hereby certify that I attended the deceased from  23A. SINATURE  24B. BURIAL, CREMA- 1912 to 1912	give exact location)  7, that I last saw the the date stated above.  2 DATS SINED (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from WHILE AT WORK WORK  22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occurred at 19 to 19 deceased alive on 19 and that death occurred at 19 m., from the causes and on 23A. SIENATURE  24. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town Tidd) REMOVAL (Specify)	give exact location)  I, that I last saw the the date stated above.  DATE SI NED  ADDRESS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  222. I hereby certify that I attended the deceased from deceased alive on 19 1 and that death occurred at 1972 to 1972 deceased alive on 1972 deceased alive on 1972 deceased alive on 1972 to 1972 deceased alive on 1972 deceased alive o	give exact location)  I, that I last saw the the date stated above.  DATE SI NED  ADDRESS

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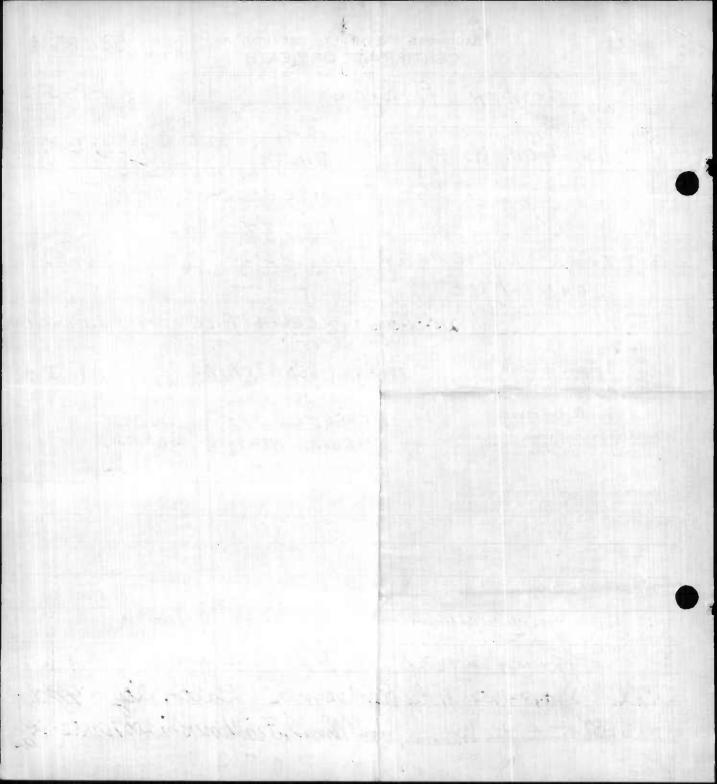
to the second se

correct age is especially important. Physicians: piease write the causes of death creatify

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8534

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) (OSEPH F. RIC	E 2. DATE OF DEATH 9-14-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  MD GEN. HOSP.	c. CITY OR TOWN (If outside corporate limits, write LURA, and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   1 Under 1 Year   1 Under 24 Hours   1 last birthday)   Months; Days   Hours   Min.
10A. USUAL OCCUPATION (Givekindor 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
BOTTLER BREWERY	MD. WHAT COUNTRY?
JOHN RICE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  (NH NOWN)  (15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  2/5-0/-523-9	CECELIA RICE 319 S. PEGESTER
TTTA	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OCCLUSION I DAY
ANTECEDENT CAUSES	PERTENSIVE DISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	SIBLE HERATIC CIRRHOSIS
OTHER SIGNIFICANT CONDITIONS CON-	EUMONITIS
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	20. AUTOPSY? YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 9	-/3 , 182, to 9-/4 , 1962, that I last saw the
23A. SIGNATURE 108 10 10 10 10 10 10 10 10 10 10 10 10 10	rred at 10:35 Pm., from the causes and on the date stated above.
24A. BURIAL, CREMAY 24B. DATE TION, REMOVAL (Specify 1972)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LR GISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR JADDRESS
SEP 15 1982 Hantington Williams M.Z.	Mm. S. Fealkouski 2007 Eastern
VS 150	4608529

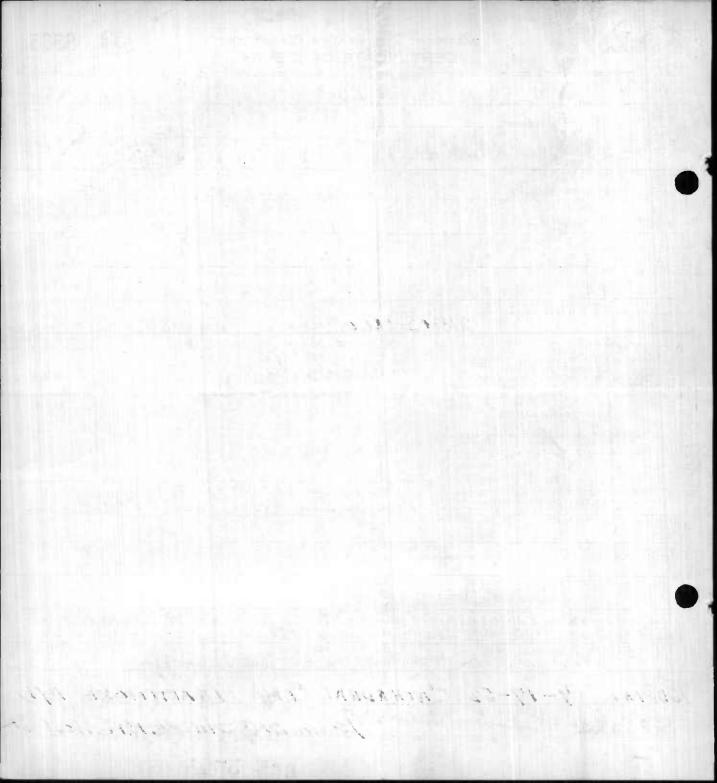


correct age is especificly important. Engalemis: pieuse

#### CERTIFICATE OF DEATH S2 Registered No. BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.						
1. NAME OF DECEASED A NDREW ZINKAN	D 2. DATE OF DEATH 9.14-52					
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	MD. BALTIMORE					
INSTITUTION MD. GENERAL HOSP.	C. CITY OR TOWN (If outside corporate in its write-It UK All and give township)					
11D. 90001112 1703 P.	BALTIMORE 19					
Yrs.	D. STREET ADDRESS (If rural, give location)					
Length of stay in Baltimore	1731 WILKENS AVE " 23					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years I Under I Year II Under 1 Y					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  / INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
BANKEEPER SALOON	MD. WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
MICHAEL ZINKAND	ROSINA ?					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
218-03-2660	MICHAEL 1 ZINIYAND 25. COLVE					
18. 422.1 7 159 X CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g.,	receive earlier 5 ins					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	bassular disease					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
<u>L</u>						
OTHER SIGNIFICANT CONDITIONS CON-	de cerebral thranhosia					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?					
21a ACCIDENT SHICIDE 21B PLACE OF INJURY (e.g. in	YES NO P					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e						
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHILE						
m. WORK AT WORK	20 1050 0 10 1050					
a restrict of the state of the	-30 , 1952, to 9-14 , 1952, that I last saw the					
	red at S:25Am., from the causes and on the date stated above.					
Sales burnth	Ind. Ceneral HOAD. 9-14-52					
24a. BURIAL, CREMAY 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
JOURIAL 9-17-52 CATHEDR	TAL CEM BALTIMORE MI)					
DATE RECEIVED BY   REGISTRAR'S SIGNATURE / M.	25. FUNERAL DIRECTOR ADDRESS					
SFP 5 1950 Huntington Villallis, 100	Beneral Marle 121 & UKN St					
	WINGIN COLARDONNISHED					

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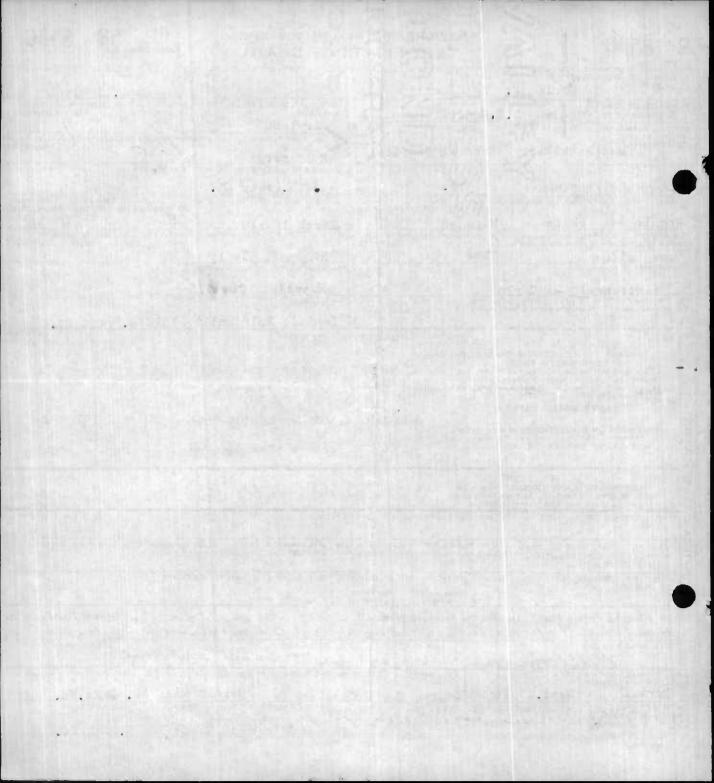


### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8536

PIE	TH NO	Calley L.		CERTIFICATI	E OF DEAT	H	istered 110.		
-	RTH NO.								
1. NAME OF DECEASED (Type or Print) Maria V. Pelsinelli					OF	2. DATE OF DEATH Sept.13 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland S.B. General Hospital					4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or					Maryland		1	0	
HO	HOSPITAL OR location)				C. CITY OR TOWN (If outside to por te limits, write HURAL and give				
INSTITUTION South Baltimere General Hespital			Baltimore township)						
	Yrs.				D. STREET ADDRESS (If rural, give location)				
Length of stay in Baltimore 29 Yrs. Mos. Days					3818 E.Pratt St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					8. DATE OF BIRTH		thday) Months	Days Hours Min.	
Female		White	Marri	ed	March 16 1	R97 55	5	27	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR					11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
	ouse wi		Home	INDUSTRY	Rome Italy WHAT COUNTRY?				
	FATHER'S		1 110 2010			14. MOTHER'S MAIDEN NAME			
					Nicolina Novelli				
Pietrangelo Di Carlo  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL				17. INFORMANT					
(Yes,	no or unknowe)	(If yes, give war or date	es of service)	SECURITY NO.					
11					Dominic Pol	sinelli 38	18 E.Pra	tt St.	
	18. 42	0.0 april	260X	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION		0.			41	1	
	(This does not mean the mode of dying, e.g., (A Mary artery occlusion with myo days						days		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Caudial in faution								
	183013 01	COMPRESSION WINCH	caused densit	., DOL 10					
		ANTECEDENT CAU	SES	a.t.	Sections	- /	1:1.11	44 4 .	
DISEASES OR CONDITIONS, IF ANY, GIVING								Tella	
	RISE TO T	HE ABOVE CAUSE (A)	STATING TH		4		1 10	/	
X	UNDERLYING CONDITION LAST. (C) Hypertrusing cridie varculus disease years								
H .				Al.				U .	
CERTIFICATION		11							
K		SIGNIFICANT COND  TO THE DEATH, BUT			ter mel	leties		gens	
Ü.	TO THE DISEASE OR CONDITION CAUSING IT.								
J	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	MOITA			20. AUTOPSY?	
The second of the seco								YES NO	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  1 NJURY OCCUR?									
Σ.	CAUSE OF	DEATH							
	210. TIME OF INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	OF INJURY		m.	WHILE AT NOT WHILE					
				67	0 06	2 0-12	52		
22. I hereby certify that I attended the deceased from 7 - 4, 1954 to 9-13, 1954 that I last saw									
-	deceased alive on 9-13-, 1952 and that death occurred at 1 pm., from the causes and on the date stated about								
	23A. SIGNA	TURE			3B. ADDRESS	eta Beal	Hosp 2	3c. DATE SIGNED	
21	A. BURIAL.	CREMA- 24B. DATE	vey	M. D.   24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (	City, town or	county) (State)	
TIO	N, REMOVAL (	Specify)							
- 1-	Burial	Sept.17	1952	Sacred Heart C	engtery	German Hill			
DATE RECEIVED BY REGISTRAR'S SIGNATURE VILLA MALE AND RECEIVED BY RECEIVED									
2	CF 131	11000	7	11/1000	A roull D	ela noel:	322 S. Hig	h St.	
	140 155								

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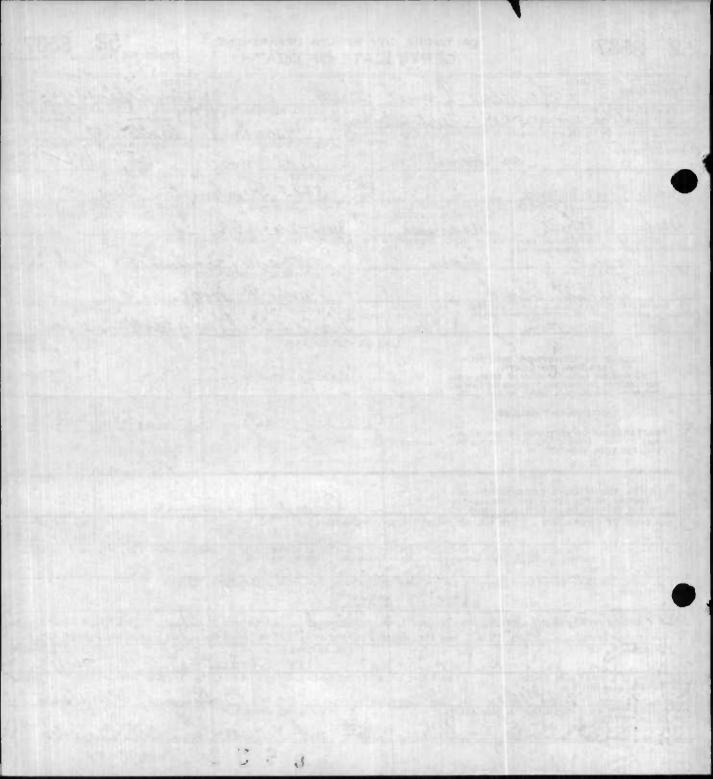


52	62 8537
BIRTH	NO.

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8537

BIRTH NO.	CERTIFICATI	L OF DEATH	2008-201-201	
1. NAME OF DECEASED (Type or Print)	y Daniel Ch	ich	2. DATE OF DEATH Seff-	14-1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland 5 40	5 Purlington Was	4. USUAL RESIDENCE (W	here deceased lived. If inst	titution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address of location)	c. CITY OR TOWN (IF	outside corporate limits, w	
at -	Home	Baltimore	27-	( wnship)
Length of stay in Baltimore	2 1/2 Yrs. Mos.	o. STREET ADDRESS (If:	rural, give location	
	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	90AGE (In years literal last birthday) Month	er l Year If Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	None	Carthage,	ndisna	u.s.a.
Daniel Charle		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	ES?   16. SOCIAL   SECURITY NO.	17. INFORMANT	ADD	RESS
no none	none J	Thos. W. 4. Clark (	son) Baltimo	re, md.
18. 450.0	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin		Vent boulene		? horus
heart failure, asthenia, etc. It means the injury or complication which caused	disease,		**************************************	***************************************
ANTECEDENT CAUSES	0.	1		7
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS		while are	Trues	
UNDERLYING CONDITION LAST.	(C)	***************************************		
		### SO 277		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT R TO THE OISEASE OR CONDITION CAUS	ELATED	Bronelist as	tt	?,
19A. DATE OF OPERATION 0 19B. MA	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY7
	p. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		f in Baltimore City, give	
21D. TIME (Month) (Day) (Year) (Hour	2 IE. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	ma. WHILE AT NOT WHILE			
22. I hereby certify that I attended	, 0,00 00000000000000000000000000000000	april , 1944 to	9/14, 1957t	hat I last saw the
deceased alive on		red at 4:30 Cm., from the		date stated above.
Cench. him	1	1114 St. Pan	l St.	9/15/52
24A. BURIAL, GREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	Gemore, Ma	uyland Deress
CED: 1 5 1057 Hunting	in Williams MG	twarf Ymnum	16. 108 4.	north are
VS 150	alter state	0 0 5 71 0	P.+ 3	81
	9 5 2 0	0 0 0 0	· cuy	1:



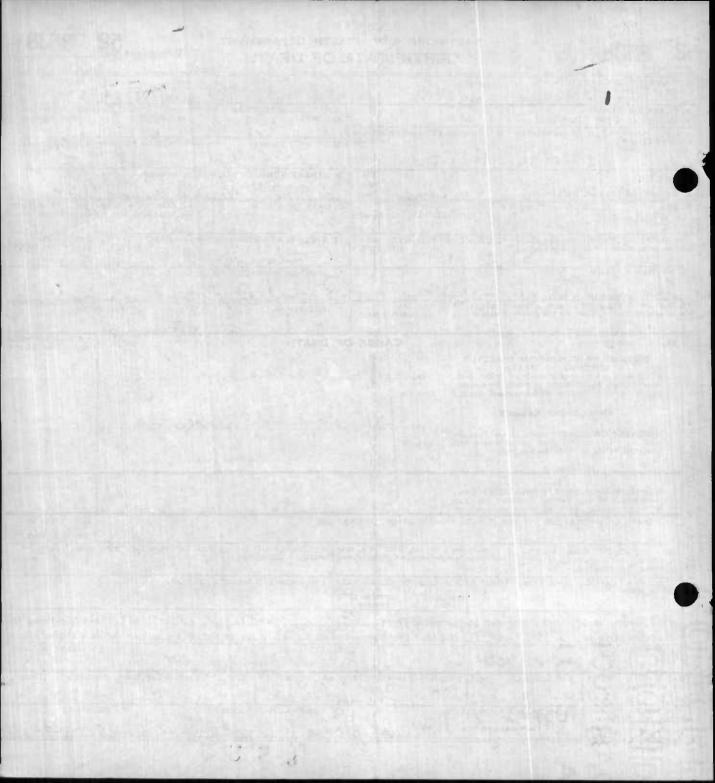
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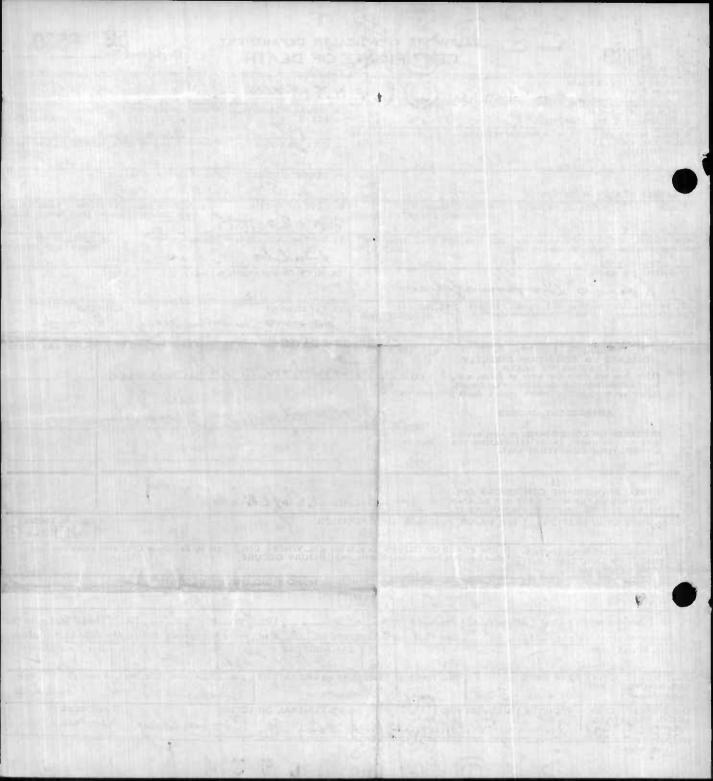
#### BALTIMORE CITY HEALTH DEPARTMENT

52 8538

11	SIRTH NO.	0	CERTIFICAT	E OF DEATH	Registered No.	
=	I. NAME OF D Type or Print)	Tosephin	e Jasim		2. DATE OF Q-14	-52
-	B. PLACE OF D		- 44211	4. USUAL RESIDENCE	(Where deceased lived, If inst	
-		City, Maryland	tal or institution, give street address o	A. STATE	B. COUNTY	before admission)
F	S. FULL NAME	OF (II not in nospi	location		(If outside corporate mits.	it RURAL and give
	NSTITUTION	University	Hospital	13 a1 x	0.	township)
4	M. Carlot		Yrs.	D. STREET ADDRESS	(If rural, give location)	0 1
		tay in Baltimore	60 Cys. Days	127296	oastern.	ave.
1	5. SEX	6.COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years If Unda last birthday) Months	r 1 Yeer   If Under 24 Hours B Days   Hours   Min.
_	+	W		2-17-1890		
We	ork done during most	CUPATION (Give kind of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country) 12.	WHAT COUNTRY?
-	H.	Ú.		Colored	NAME.	v.s.w.
	1 ATTHER ST	AME 12	1, - , , , , ,	14. MOTHER'S MAIDEN	NAME	7
	WAS DECEASE	ED EVED IN IL S ADME	D FORCES?   16. SOCIAL	Cracalla .	Man zes	ka
0		D EVER IN U.S. ARME (1f yes, give war or dat	SECURITY NO.	17. INFORMANT	) ADDF	RESS
-	18. 4.0	11	CAUGE	OF DEATH	gascou	INTERVAL BETWEEN
	10	H. I		OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH //	s. I MYLKIA		24 ters.
	heart failu	re, asthenia, etc. It me complication which	ans the disease,		***	
		ANTECEDENT CAU				, ,,
2			(B) Haw	a myeloca	Emercia	6 mintes.
NOIF	RISE TO T	S OR CONDITIONS,	STATING THE DUE TO	0		
N.	DIADEKE	ING CONDITION L	(C)		***************************************	
i ii		11				
F	OTHER S	IGNIFICANT COND				New Man
, L	TO THE D	ISEASE OR CONDITION	CAUSING IT.			
I	19A. DATE C	OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
	)	ENT WAS UNDER-	218. PLACE OF INJURY (o. g.,	in or   21c. WHERE DID	(If in Baltimore City, give	exact location)
E C	LYING O	R CONTRIBUTING	about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?		
		(Month) (Day) (Year	) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
	22 I hough			4	9-14 1952	hat I last saw the
	deceased a	line on 9-14	tended the deceased from	erred at 219 Pm. from	n the causes and on the	date stated above.
	23A. SIGNA	TURE	, 1 1			3c. DATE SIGNED
		Donald H.		Undusely t	/:	9-14-52
1	101 REMOVAL (S	Specify)	24C. NAME OF CEMET	ERY OR CREMATORY 240	LOCATION (City, town, or	county) (State)
-	Duris	1 9-17.		re Vark U	and Sot h	DRESS NO.
	DATE RECEIVE LOCAL REGIST	DAD	'S SIGNATURE	25. FUNERAL DIRECTO	A O	DURESP
=	SEP-15	1050	tington Williams, M	The J. Due	11 che 2829	J HULLOW IT
	Vs 150		- 0	0653		
11			1954	N. C.		PAGE NEW



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE ANKIEWICZ (Type or Print) OF Augusta DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF altimore HOSPITAL OR location) OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) | Months Days | Hours | Min. marrigal 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? pousevico 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOF EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from that I last saw the 194 2 deceased alive on Line , and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 23c DATE/SIGNED tan 249. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Sund (Specify) Lawre Loase APPRESS 25-FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



19 52 and that death occurred at 220

23B. ADDRESS

25. FUNERAL DIRECTOR

urkwood

Am. from the causes and on the date stated above.

24d. LOCATION (City, town, or county)

230 DATE SIGNED

deceased alive on Je

248, DATE

REGISTRAR'S SIGNATURE

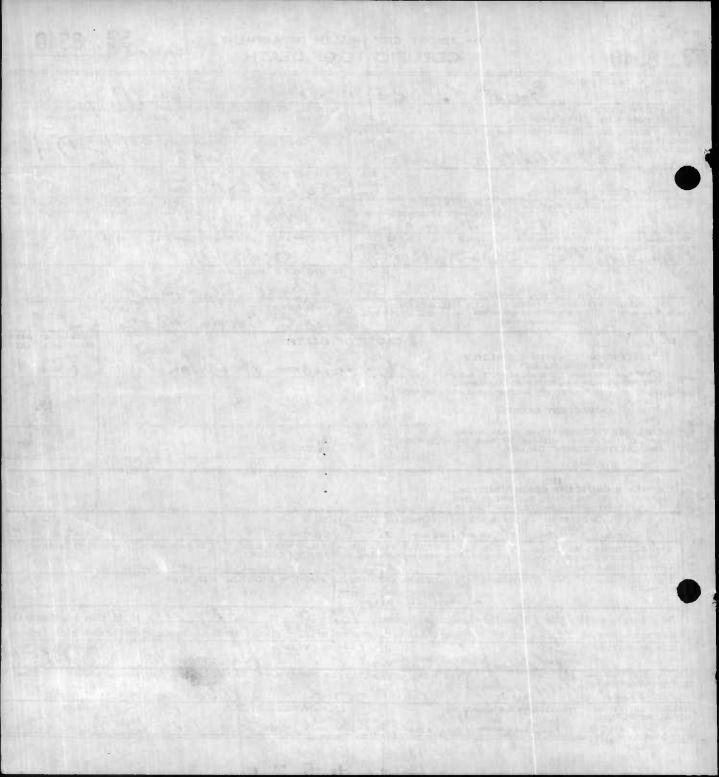
23A. SIGNATURE

24A. BURIAL, GREMA

TION, REMOVAL (Specif Burial

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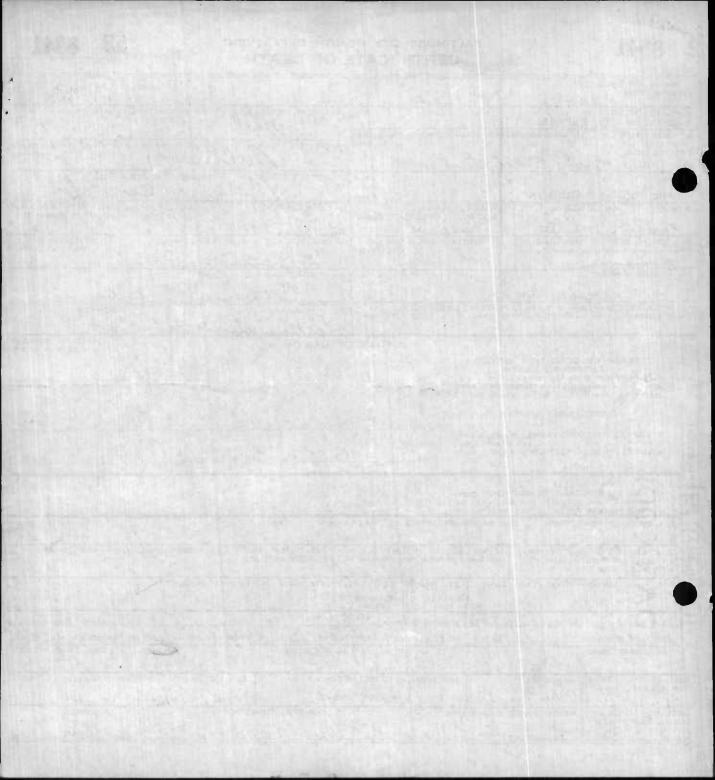


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#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8541

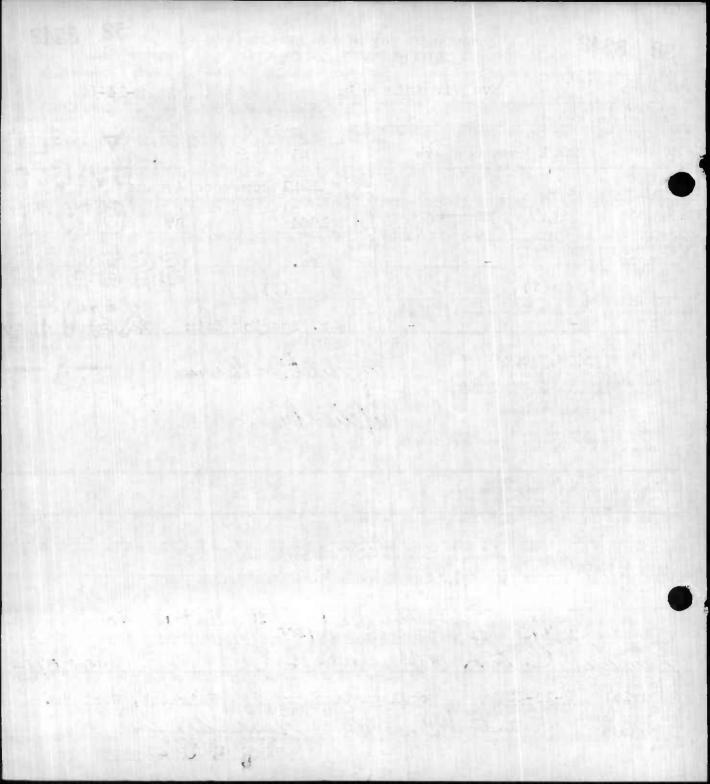
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) REGINA MILLER	2. DATE Sept. 15-52 OF DEATH 1:00 A.M.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
Fittle Lesters of the Poor	D. STREET ADDRESS (If rural, gly location)
c. Length of stay in Baltimore  Mos. Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE (In years Winder 1 Your   16 Under 24 Hours
WIDOWED (Specify)	
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
15. WAS DECEASED EVER (N U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Little disters of the foor
18. 422.1 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	bronic My octivalles 14th
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	Branche Do Calling 5 4:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	The first william
(5)	ulua ociliasis 3 yla
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	201 , 1952, to Sell 15 , 1952, that I last saw the
deceased alive on Sela 13, 1952, and that death occu	rred at A m., from the causes and on the date stated above.
Co-Sell Hall MD M.D.	16318. North are Sept 75-32
TION DEMOVAL (Specify)	ever Baltenias 6, and
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  SED 1 5 1952   Tuntington Williams, M.F.	The Inach Hon 9004-Chester H
VS 150	
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8542
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Eva Virginia Keim 9 - 14 - 52DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2221 Homewood Ave Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2221 Homewood Avenue ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years last birthday) Months: Days Hours: Min. Female White WIPOWED PIVORCED (Specify) 1864 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (?) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no Mr. Patrick Keim Homewood Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY A YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK -15 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from Joe 10 1950 to 19. and that death occurred at 1205 m., from the causes and on the date stated above. deceased alive on Let 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR EMATORY | 24c. LOCATION (City, town, or county) Woodlawn Cemetery Burial 9-18-52 Fairmont. West Va. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL D ADDRESS LOCAL REGISTRAR VS 150

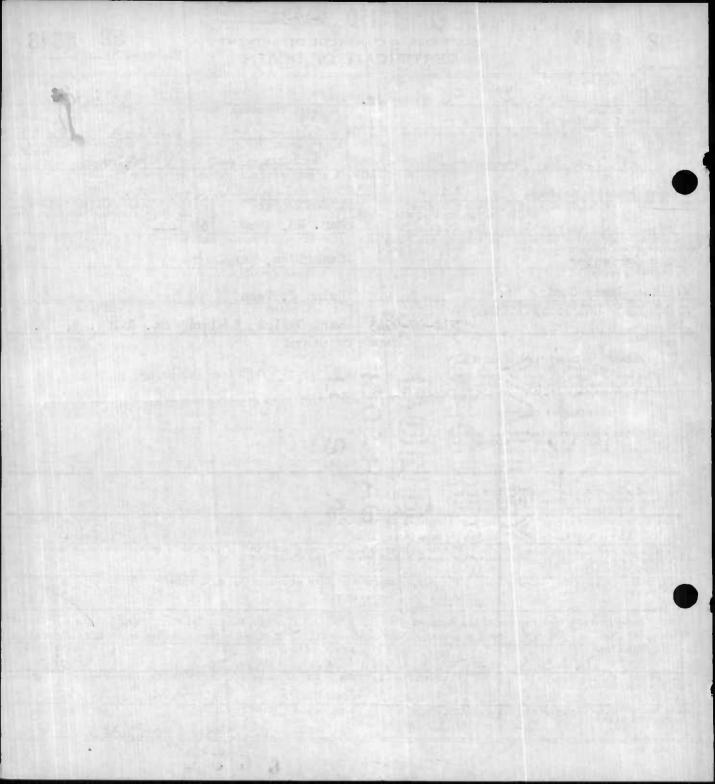


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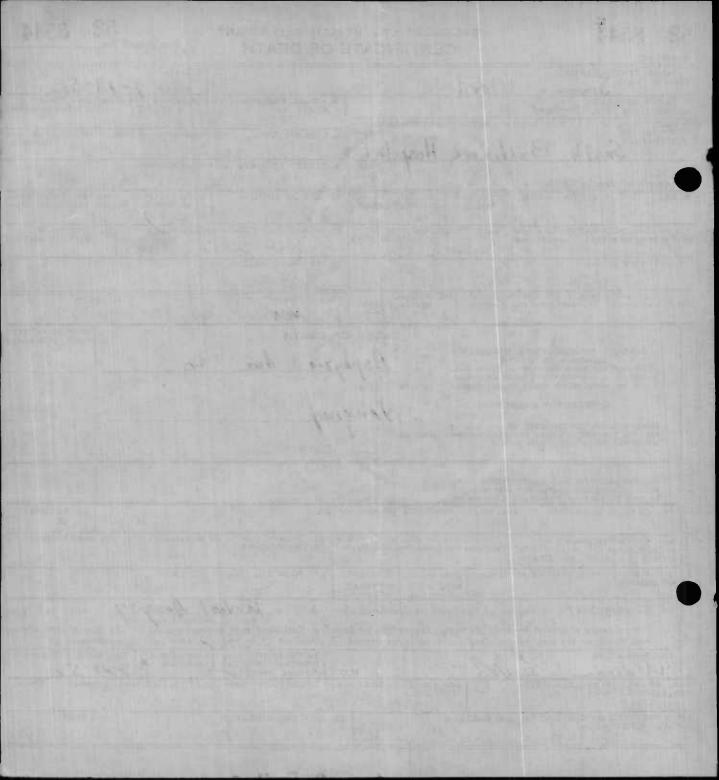
В	RTH NO.			CERTIFICAT	E OF DEATH	- Regist	ered No.	00.	Cx
1.	NAME OF D	DECEASED WILLIAM	ames	Jusick Jr.		2. DATE OF DEATH	9/15	152	
	PLACE OF D Baltimore		-	WITE IT OIL	4. USUAL RESIDE	NCE (Where deceased I	NTY	tution : resi before ac	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street address of location		(If outside corpora	Reste R	ite RURAL	and give
7	7 4.	niversity !	tosei	tol 1	المحالية ا		mbr. Dg	E	township
		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	ashing by	ion)	5913	
5.	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In y last birthd	ears If Under lay) Months	l Year If Un Days Hou	nder 24 Hours ers Min.
		CUPATION (Give kind of	108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreiga country)		CITIZEN O	
	ouse Car	of working life, even if retired) penter		INDUSTRY	Cambridge, M	laryland		WHAT CO	UNTRY
	FATHER'S			CONST.	14. MOTHER'S MAI	DEN NAME		The name	
W	illiam J	ames Cusick S	r.		Helen J. Van	e			
15 (Ye	, was DECEAS; , no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR		10
	No			214-07-9943	Earl Cusick,	5 Elmont St.		. 5, M	d.
CERTIFICATION	DISEASE: RISE TO T UNDERLY	LEADING TO DEA'S not mean the mode of tre, asthenia, etc. If men eomplication which of the eomplication which of the complex o	ins the disea caused deat SES F ANY, GIVII STATING T	(B)	uding Gar				
CE		TO THE OEATH, BUT							
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MEL	CAUSE OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUF	27			
	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE WHILE AT WORK AT WORK		INJURY OCCUR?			
	22. I hereb	y certify that I att	tended the	deceased from	9/14 1952	, to 4 5	, 195 4 th	at I last	saw th
	deceased a		_, 1952	deceased from	rred at 13 9 m.,	from the causes an			
	23A, SIGNA	David S.	7-6	LAN LUCKET	UNIO. Itos	d U	23	9 115 3	SIGNED
24 TIC	BURIAL (S		52	DURCHESTER N	ERY OR CREMATORY		11	11100	(State)
CSO	TE RECEIVE	D.BY REGISTRAR	s signati	Velliaus, M.P.	KENNETH P.	- C.	BRIDGE	MD.	

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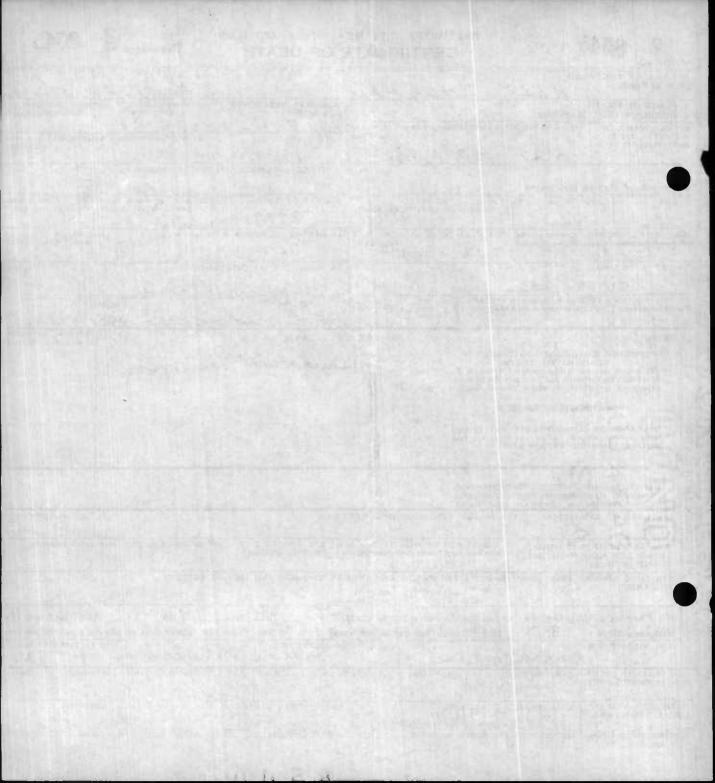


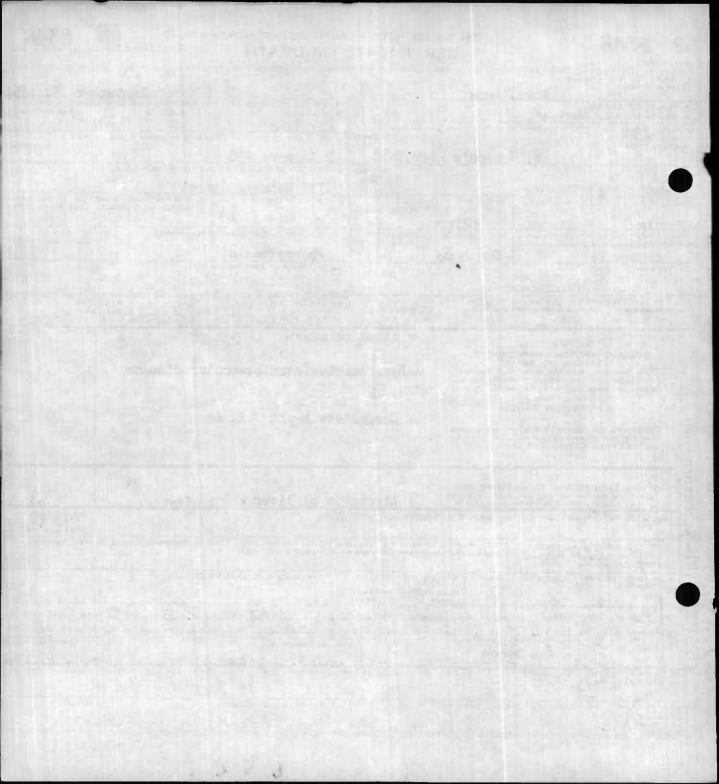
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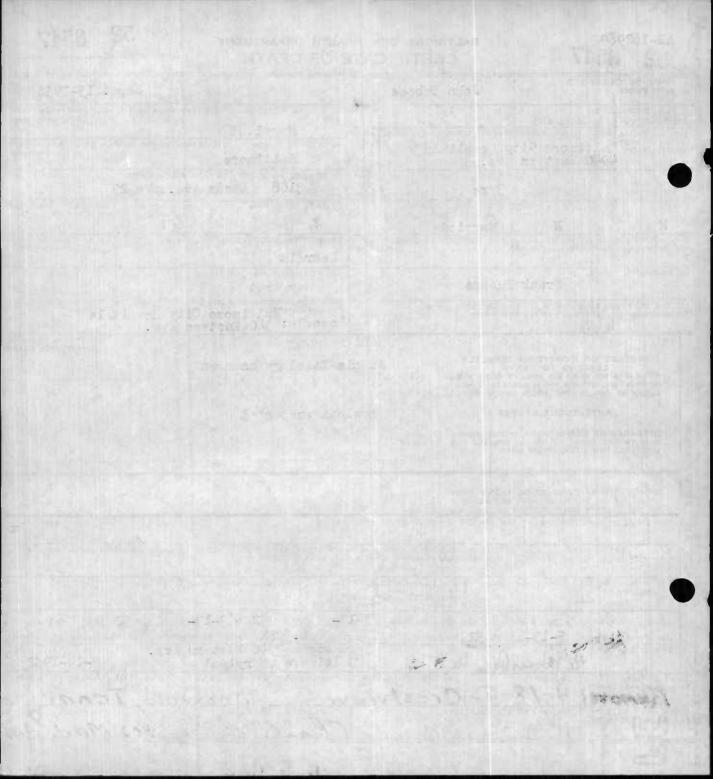


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	STITUTIO		INAI	HO	SPITAL	c. CITY OR TO	TIMA	B. MD.	nits, wr	ne kui	township)
7					Yrs.	D. STREET ADE	DRESS (lf r	ural, give location)		2%	413
c.	ength o	f stay in	Baltimore		Mos. Days			L	4	-0.	
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	10,	4N/ h	1. KELL			ADECA	UPS A	Palsan			
15	. WAS DECI	ASED EVE	R IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMAN	T	0.1102	ADDR	ESS	
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EDICAL	LYING		VAS UNDER- TRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg	in or 21C. WHER		f in Baltimore City	y, give	exact l	ocation)
Σ			) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW I	DID INJURY	OCCUR?			
	OF INJU	RY			WHILE AT NOT WHIL						
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			~ · · · ·	ended the	deceased from		95 L, to				ast saw the
	23A. SIG	d alive or	1 4-14	., 19.3.0.	and that death occi	23B. ADDRESS	m., from th	ie causes and or			TE SIGNED
	23A. 31G	13	emark.	Mr. Oak	un	Juai /	Hometa	e of Baltun	m	9-1	5.57.
24	A. BURIA	L. CREMA	24B. DATE	1.7000	24C. NAME OF CEMET	ERY OR CREMATO	RY   240. LC	CATION (City, to	wn, or c	ounty)	(State)
TIC	ON, REMOVA	L (Specify)	0. /	52	MESTE	en	F	MANINSON	1 4	TUE	
D	ATE RECE	IVED BY	I REGISTRAR		J.RE	25. FUNERAL I	DIRECTOR	11 (0101)371	AD	DRES	5
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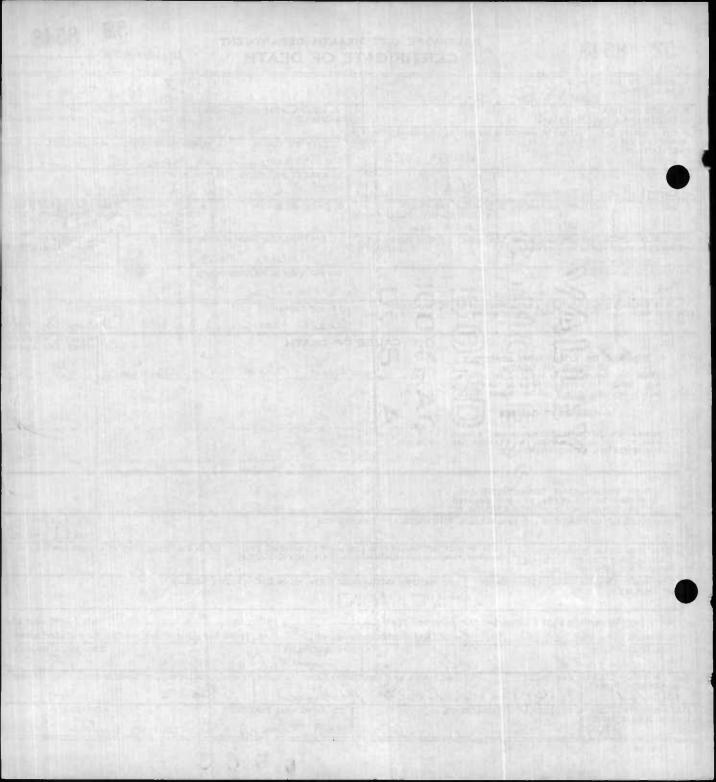
BI	RTH NO.	OUX			CERTIFI	CATI	OF DEATH			
	NAME OF ype or Prin	DECEASE t)	.D	Joh	n Dubose			2. DATE OF DEATH	Sept.	13-1952
Α.		e City, M		ital or institut	ion, give street a	ddress or	4. USUAL RESIDENCE () A. STATE Maryland	Where deceased B. COU		itution: residence before admission)
HO	SPITAL O	R Baltin	more Ci Eastern	ty Hospi	tals	location)		f outside corpora	ate limits, wi	rite RURAL and give township)
			Baltimore	3yrs		Yrs. Mos. Days	D. STREET ADDRESS (If 3108 Leed	rural grie loca		
	M M		OR OR RAC	Marri	MARRIED, ED, DIVORCED ed	(Specify)	8. DATE OF BIRTH	9. AGE (In y last birtho		1 Year   If Under 24 Hours   Days   Hours   Min.
10 work	A. USUAL done during m	OCCUPATI est of working I	ON (Givekind ile even if retire	of 10B, KINE		S OR DUSTRY	11. BIRTHPLACE (State or i	oreign country)	12.	CITIZEN OF WHAT COUNTRY?
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15 (Yes	. WAS DECE	ASED EVER	IN U.S. ARM give war or da	ED FORCES? tes of service)	16. SOCIAL SECURIT	Y NO.	17. INFORM Baltimor Records: 4940 Eas	e City Hotern Ave.	spi <sup>App</sup>	ESS S
	(This d	LEADII	NG TO DE.	DIRECTLY ATH of dying, e. g	(A)	Ause d	of DEATH .a-Etiology unkno			INTERVAL BETWEEN ONSET AND DEATH
	injury	or complies	etion which	caused death	.) DUE TO	Myel	loma suspected			
CATION	RISE TO	THE ABOV	NDITIONS, E CAUSE (A ONDITION I	IF ANY, GIVIN ) STATING TH LAST.	G DUE TO					
CERTIFICATION	TRIBUT	ING TO THE	DEATH, BU	DITIONS CON T NOT RELATE IN CAUSING I	D					
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MEDICAL	LYING		AS UNDER .		CE OF INJURY	Y (e. g., ir office bldg., e	or 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore	City, give	exact location)
	F INJUR	(Month) RY	(Day) (Yea			OCCURRE OT WHILE		Y OCCUR?		
	22. I her deceased 23A. SIGI	alive on_	y that I a 9-13-		deceased from	h occur	red at 6.50PM., from a	the causes an	d on the d	nat I last saw the late stated above.  3c. DATE SIGNED  14-1952
2.4 TIC	IA. BURIAL	. CREMA-	2 d. DATE	n vace n	CD 1		altimore , Matylan	OCATION (Cit		The second secon
	ATE RECEI		REGISTRAI	R'S SIGNATU	I rest	VI e	25. FUNERAL DIRECTOR	Law &	802 M	DDRESS Dad. AVE
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) E. Benjamin OF aul DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIVERSIT township) HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Clarinth c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) mamied 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Attorney Marc 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 204.2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERă about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 1952 to . 1952 that I last saw the 22. I hereby certify that I attended the deceased from. , and that death occurred at 3 1952 Em., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23C DATE SIGNED 23A. SIGNATURE hurs eisele 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify) Burca DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



52 8549 8549 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY . A. Baltimore City, Maryland A. STATE beford admission) (If not in hospital or institution give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET, ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Dnys 5. SEX 7. SINGLE, MARRIED 6. COLOR/OR RACE 8. DATE OF BIRTH AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Dnys Hours Min. WIDOWED, DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Grase with 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL KOMBESE 17. INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ....

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., la or 21A. ACCIDENT WAS UNDER-

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! WORK AT WORK

22. I hereby certify that pattended the deceased from Sch 1957 deceased glive on Se and that death occurred at / 1 700 m., from the causes and on the date stated above.

23A. SIGNATURE

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

Hamb

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

23c. DATE SIGNED

19 that I last saw the

20. AUTOPSY

YES

LOCAL REGISTRAF

ununglow

/25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

VS 150

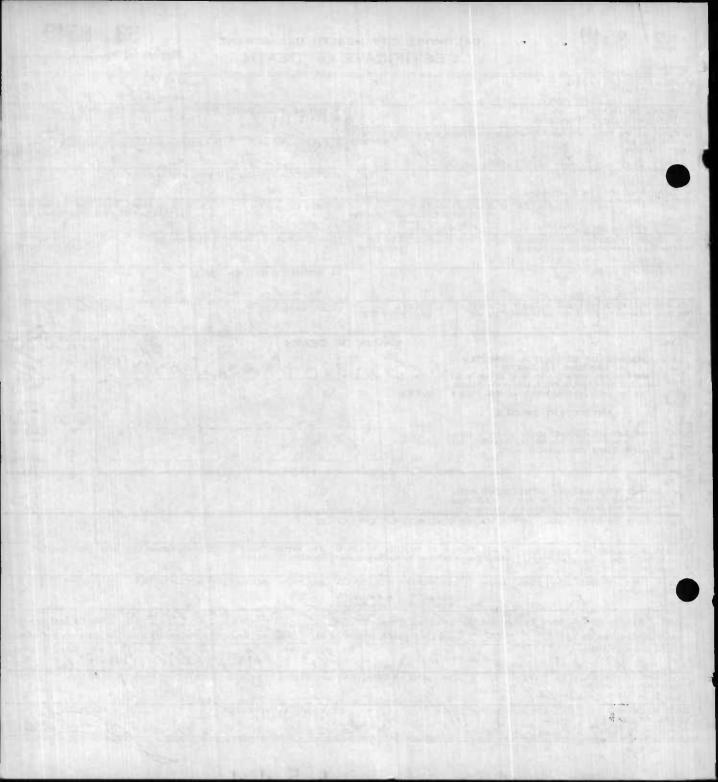
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· AH	O S CERTIFICATE CORRECT	9-22-52		0550
	BALTIMORE CITY H	EALTH DEPARTMENT	52	8550
3	RTH NO. CERTIFICAT	TE OF DEATH	Registered No.	
1.	NAME OF DECEASED HARIES S. HAMMON	0	2. DATE OF SEPT.	13.1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		itution: residence before admission)
B.	FULL NAME OF (If not in hospital or institution, give street address	or IVIV.	B. COUNTY	before admission)
	ISTITUTION 1910 DAY HILL ALE	C. CITY OF TOWN (II	outside corporate limits, w	rite RURAL and give township)
6	Yrs.	o. STREET ADDRESS (If r	ural, give location)	0
c.	ength of stay in Baltimore LIFE Mos.		K HILL AVE	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (in years     Under   last birthday)   Month	1 Year   If Under 24 Hours Days   Hours   Min.
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPUACE (State or for	6	
WOF	done during most of working life, even if retired)	MD.		WHAT COUNTRY?
13	GEORGE W. HAMMOND GEN 44	14. MOTHER'S MAIDEN NA	DOLCE	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANTA	ADDR	oree o
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	CHARLES A. HA	MMOND 1354	STONE WARD K
	18. 203X CAUSE	OF DEATH	11,010	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	14. m		2 1/4 110
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Steph Merels	Method	2 413.
	Injury or complication which caused death.) DUE TO			
z	ANTECEDENT CAUSES	<u> </u>	***************************************	***************************************
OF.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Con		
ICA	(C)		***************************************	«.
RTIFICATION	OTUED SIGNIFICANT SONDITIONS			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•		
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE			20. AUTOPSY?
EDICAL	21a. ACCIDENT WAS UNDER.   21b. PLACE OF INJURY (6.g.	in or   21c. WHERE DID (If	' in Baltimore City, give	YES NO NO
MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	.,etc.) INJURY OCCUR?	in Batamore City, give	exact location)
P	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!		OCCUR?	
	m.   work   AT WORK	, 🗀 [	1 12 15	
	22. I hereby certify that I attended the deceased from deceased alive on 12, 1952, and that death occ	1950, to Se	te eauses and on the	nat I last saw the
		236 ADDRESS		SC. DATE SIGNED
2	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	112. Char	CATION (City, town, or o	9/15/52
, 1	BURIAL (Specify) 9-16-1952 WOODLAW	11.1.	DLAWN	ounty) (State)
STO	CAL RECEIVED Y REGISTRAR'S SIGNATURE Hutington Williams, M.P.	H.W. JENKING &	MIS ( 191	S LAOV RO
-	VS 150		TI CONTRACTOR	TO CK RV.
l	5 7986	An 8 5 4 5		

DRWM SPEED 11 E. CHASE

70	2 855	51			EALTH DEPART		Registe	52	8551
	IRTH NO.		C	ERTIFICAT	E OF DEAT				
	NAME OF Drype or Print)	DECEASED	JOSIE	BOYD			2. DATE OF DEATH	Sept.	14, 1952
Α.		City, Maryland			4. USUAL RESID	ENCE (Whe			itution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	Baltimore		give street address o location spitals	c. CITY OR TOWN		tside corporat	te limits, wr	rite RURAL and giv
5. f		4 D 11	TC V-	Yrs. Mos.	D. STREET ADDR				•
5.	Length of S	tay in Baltimore	7. SINGLE, N	ARRIED.	8. DATE OF BIRT		nburg St		t 1 Year   If Under 24 Hours
	emale	colored	WIDOWED	DIVORCED (Specify	12/15/192	I	last birthda	Months	Days Hours Min.
wor	alesla	CCUPATION (Give kind of of working life, even if retired)	10B. KIND O	Brush Co.	Chester,		ign country)	12.	CITIZEN OF WHAT COUNTRY
	FATHER'S			13	14. MOTHER'S MA		E		
II.	oseph I	Bara			Bessie A	rchie			
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDR	RESS
				SECORITI NO.	Sallie Gr	ay- I5	2 W.Ha	mburg	st.
CERTIFICATION	RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE ST.	(B)					
ER	TO THE D	G TO THE DEATH, BUT	CAUSING IT.						
0	19A. DATE	OF OPERATION 1	9B. MAJOR FI	NDINGS OF OPE	RATION				YES NO
MEDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		OF INJURY (e. g., factory, street, office bldg.			n Baltimore	City, give	exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)	WHIL	INJURY OCCURE  NOT WHILE ORK  AT WORK		INJURY C	CCUR?		
	22. I certi	fy that I took char			above held an	autops	3y	+1	hereon and from
	the ev	idence obtained by eath in my opinion	said Autops	u. Inspection or	Inquiry, find that	said dece	pection or In ased died , homicide	quiry on the d	lay stated above
	23A. SIGNA	TURE	If no		23B. CHIEF M ASSISTANT M MEDICAL INV	EDICAL EXA ESTIGATOR	AMINER	Sept.	
710 TIC	AA. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE			ERY OR CREMATORY		ATION (City		ounty) (State)
-	Removal	9-,19-5		hester	25. FUNERAL DIR	South			DRESS
LC	ATE RECEIVE DCAL REGIST	RAR / / Services	gton Mi	Lieus us	2 Cour	NOS	104	. Me	
V	S 151	1996		-4.96	60 8 5	1 6			

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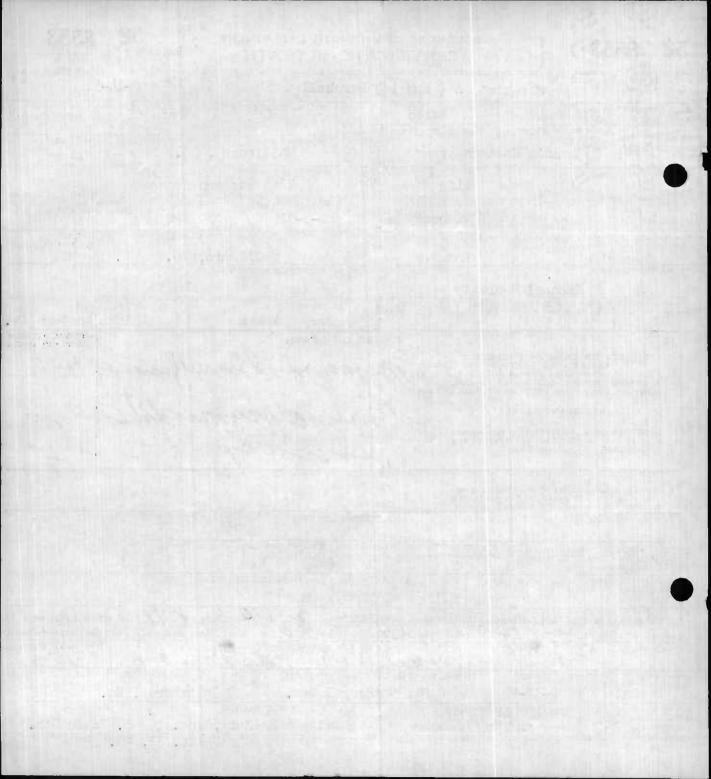
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the Medical Examiner

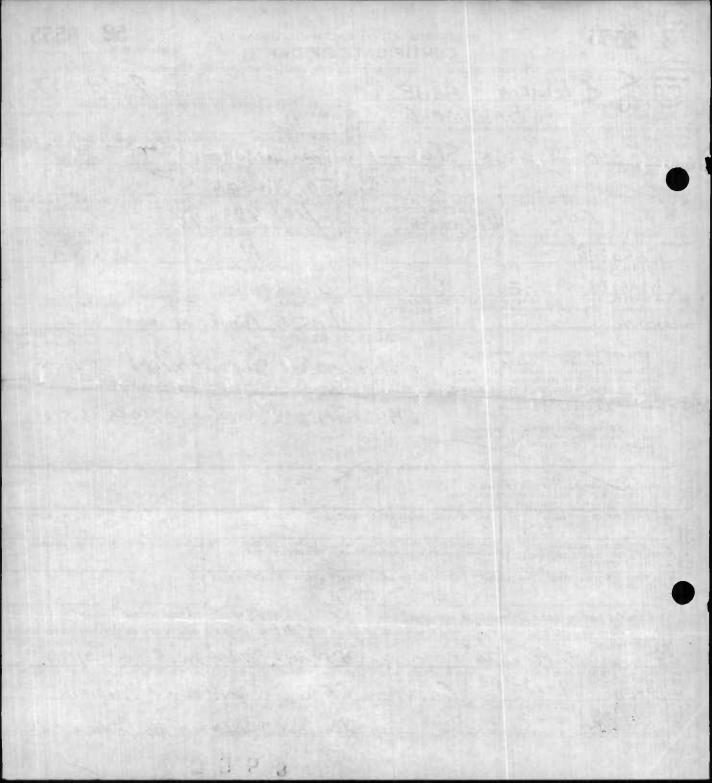
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6	24										
BI	2 85 RTH NO.	53					ALTH DEPARTME OF DEATH		Registe	52 red No.	8553
	NAME OF E	ECEASED	Marg	aret A	A ( Mag	rie) Ma	rshall		2. DATE OF DEATH	9-14-	52
Α.	PLACE OF C Baltimore	City, Mary			Balto		4. USUAL RESIDEN	ICE (Who	ere deceased liv B. COUN	ved, lf inst TY	itution : residence before admission
HO	FULL NAME OSPITAL OR STITUTION	OF (If n			ion, give stree Avenue	t address or location)	c. CITY OR TOWN Baltime			limits, w	rite RURAL and giv
	Length of s				lfe	Yrs. Mos. Days		aster	n Avenue		
5.	F	6.COLOR	OR RACE	7. SINGLE	E MARRIED, IED DIVORC LOOWED	ED (Specify)	4-3-72		9. AGE (in year	y) Month	s Days Hours Min.
	A. USUAL OC done during most House	of working life, e			OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (Sta	ate or fore		12	CITIZEN OF WHAT COUNTRY USA
13	. FATHER'S						14. MOTHER'S MAIL	DEN NAM	AE.		
15	. WAS DECEAS			anratt	I 16, SOCIA		Mary ?				
(Yes	, no or unknown)	(If yes, giv	e war or dates	of service)		TTY NO.	Mary Adams	s			RESS Eastern Av
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL'	SE OR COL LEADING In not mean Ire, asthenia, complication ANTECEDI S OR CONE THE ABOVE YING CONI GIGNIFICAN G TO THE D INSEASE OR	TO DEATH the mode of etc. It means which common which common the common which common the common which common the common to common the common to common the common tha	H f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)  (G)  (C)	Myr Chr	onic me Crisits	lus You T	rasdi	tis	8yrs. 20gs.
	19a. DATE	A	76-11 mm 11 mm		FINDINGS	OF OPER	ATION				20. AUTOPSY?
EDICAL	21A. ACCII LYING O CAUSE OF	R CONTRIB			ACE OF INJU				in Baltimore	City, give	exact location)
M	21D. TIME OF INJURY	(Month) (I	Oay) (Year)		21E. INJURY	OCCURR NOT WHILE AT WORK	ED 21F. HOW DID I	INJURY	OCCUR?		
	22. I herel deceased a 23A. SIGNA	live on	that Latt	ended the	deceased fand that de	egth occur			e causes and	on the	that I last saw the date stated above 23c. DATE SIGNED 7 - 15-5-2
2.4 TI	4A. BURIAL.	Spedify)	B. DATE	V					CATION (City		
	Burial	-	9-17-5	S SIGNATI		vathed	ral Cem.		ltimore		DDRESS
	FP 161		unting	ton No	lliaus,	M.P.	Lilly & Zeil	Ler,		3 S. W	
7	VS 150		0					Ba	lto. 31,	Md.	
1			1	9 5	20	00	1 2 4 9 14	1			



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Dept 13 (Type or Print) OF - a .. h Galvin DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 012. A. STATE B. COUNTY before admission) 00 (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN Youtside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 4-Days 6. COLOR OR RACE If Under 1 Year 5. SEX 7. SINGLE, MARRIED 9. AGE (In years) last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify born 10B. KIND OF BUSINESS OR 11. BINTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 6 avan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Sex . 1922. that I last saw the deceased alive on Select 79- 1959 , and that death occurred at\_ m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Eath 17.1952 Burral BEGISTBAR'S GIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOSAL GEGGS AR VS 150

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	52 85	55	BALT	IMORE CITY HE	EALTH DEPARTMENT	52	8555
	0.0		C	ERTIFICAT	E OF DEATH	Registered No	
	I. NAME OF D	ECEASED	•	•		2. DATE	44 450
	(Type or Print)	ELVI	NE	SHE		DEATH /	4-52
	a. Baltimore (	EATH: City, Maryland	BALTIM	ORE	4. USUAL RESIDENCE (W	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
	B. FULL NAME HOSPITAL OR	OF (If not in hospi	tal or institution	n, give street address or location)		outside corporate limits.	write RURAL and give
1	INSTITUTION	50. WIL.	SUN. S	T.	BALTIMORE	. 111	() 1 township)
				7 Mos.	Land . a.e.	rural, give location)	CALL MANAGE
-	ength of s	tay in Baltimore	7. SINGLE.	9 Days	550. WILSON		nder 1 Year   If Under 24 Hours
	M	COL		D, DIVORCED (Specify)			hs Days Hours Min.
	10A. USUAL OC	CUPATION (Give kind of of working life, even if retired	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   1	2. CITIZEN OF WHAT COUNTRY?
	LABO	RER	R. K	•	N. C		u. S. A.
	13. FATHER'S	A A		?	14. MOTHER'S MAIDEN NA	AME	
-	15. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	IZ INFORMANT	C CA ADI	DRESS
	Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		E. WILSON	ST
li	18. 44	34.		CAUSE	OF DEATH	. 11.2307	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		na.		. 7 -	CHSE! AND CEATH
	heart failu	not mean the mode re, asthenia, etc. It mea	of dying, e.g., ans the disease,	(A) //////	coronal Dega	4011104	imo
	injury or	complication which		DUE TO		10311053331	7534 653110
		ANTECEDENT CAU		(B) Hype	Tensue Com	io Vors culos	6 ms
	RISE TO T	OR CONDITIONS, I	STATING THE	OUE TO 13kg	er		
	ONDERLI	ING CONDITION L	A51.	(C)		***************************************	***
H		11					
, 1	TRIBUTING	IGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATED				
				INDINGS OF OPER	RATION		20. AUTOPSY?
H	21A. ACCID						YES NO
	CAUSE OF	ENT WAS UNDER. R CONTRIBUTING DEATH		E OF INJURY (e. g., i m,factory,street,office bldg.,		If in Baltimore City, giv	e exact location)
ı	210. TIME OF INJURY	(Month) (Day) (Year	, , , ,	E. INJURY OCCURR		Y OCCUR?	
				ORK NOT WHILE			
		y certify that I at			A		that I last saw the
	deceased at		, 195°, ar	nd that death occur	rred at M., from t	he causes and on the	date stated above, 23c. DATE SIGNED
	Mario	mtolin The	his	M.D.	558 mc mey	hom st	9/16/52
0 -	24A. BURIAL, C	Pecify) 24B. DATE	1-9 24	C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
-	SHIPPED	19-11	S SIGNATURE	ALVARY.	CEM NOR	FOLK. VIR	GINIA ADDRESS
	LOCAL REGIST		+ 1	111.	MAL A T		A 117
=	3 -vs 150	Justa	John !!	House, My?	MYGLIANI TI JACK	50N. 416 PEN	IVA AVE.
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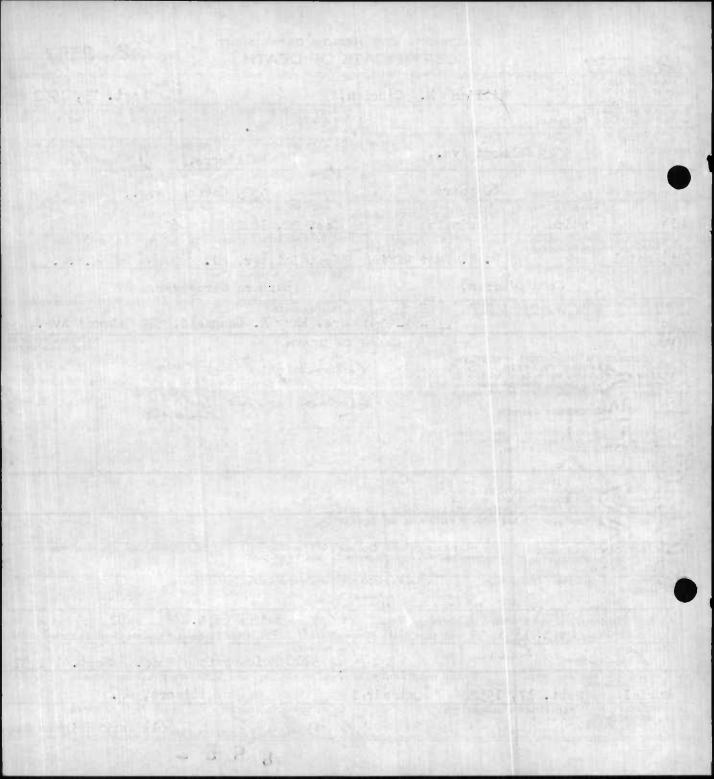
11-	360				
	52 8556 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI		52 Registered No	8556
=	1. NAME OF DECEASED (Type or Print)	Ware Motter		2. DATE OF DEATH 9/15/	54
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in h		4. USUAL RESIDENCE (What A. STATE		tution: residence before admission)
	HOSPITAL OR INSTITUTION 1905 - 2	531%, St. location)		itside corporate limits, wi	rite RURAL and give township)
10000	c. Length of stay in Baltimon			ral, give location)	
	5. SEX 6. COLOR OR RA	WIDOWED, DIVORCED (Specify)	MAR /2, 1889	9. AGE (In years last birthday) Months	Days Hours Min.
W	10A. USUAL OCCUPATION (Givek ork foreduring most of working life, even if re	BRICKMAYSON	11. BIRTHPLACE (State or fore	Ca wo	WHAT COUNTRY?
	WILLIAM MO	Const		vott	
0	Yes, no or nuknown) (If yes, give wer or	security No.		17 ER. 1905-	EBIST
	DISEASE OR CONDITION	ON DIRECTLY	of DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the months heart failure, asthenia, etc. It injury or complication whi	means the disease,	ireinema o	//01/-/	, y
Z	ANTECEDENT C	(B)			
CITAT	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO			
PETIFICATION		BUT NOT RELATED			
-	. 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
FDICAL	CAUSE OF DEATH	R. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c		in Baltimore City, give	exact location)
Z	21D. TIME (Month) (Day) (Y	(ear) (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
	22. I hereby certify that I	attended the deceased from F	26. , 1952, to J		at I last saw the
	deceased alive on 23A. SIGNATURE	19 52, and that death occur	red at 10.30km., from the	causes and on the d	ate stated above.
	Koy	M. Syssoneman M.D.	2094 Harford	64	3901.16,1962
T	24A. BURIAL, CREMA- 24B DATION, REMOVAL (Specify)	TE 24c, NAME OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, town, or c	ownty) (State)
	DATE RECEIVED BY REGISTA	R's signature	25. FUNERAL DIRECTOR	GALL AD	DRESS
	LOCAL REGISTRAR	tington Williams, M.P.	Chas Pi Toni	544. WINDS	AMILLIPE
	VS 150	50424	+		
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#### BALTIMORE CITY HEALTH DEPARTMENT

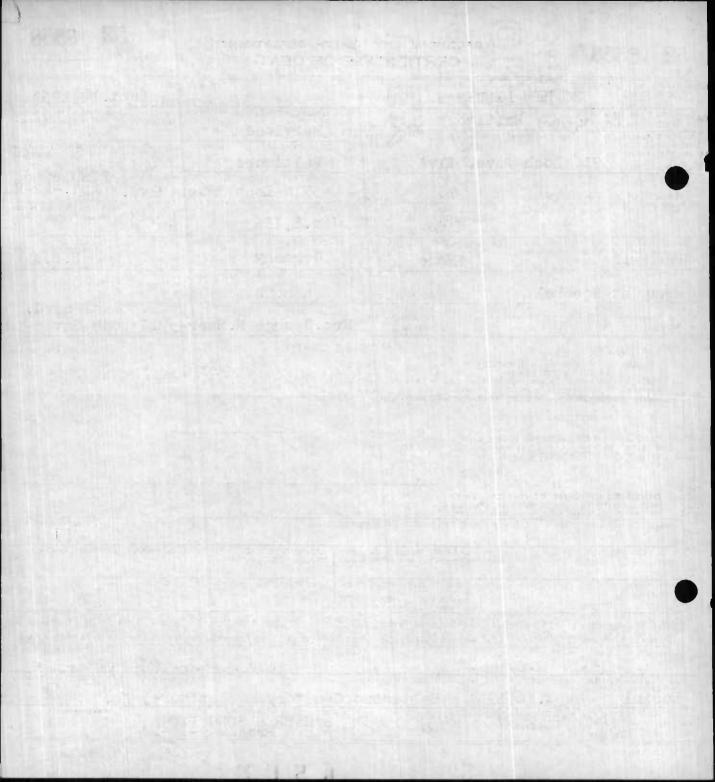
Registered No. CERTIFICATE OF DEATH BIRTH NO. 855 1. NAME OF DECEASED 2. DATE (Type or Print) O'Brien. OF William M. DEATH Sept. 13, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3529 Oakmont Ave.. Baltimore. D. STREET ADDRESS (If rural, give location) Yrs. Mos 60 years c. Length of stay in Baltimore 3529 Oakmont Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year If finder 24 Hours last birthday) Months: Days Hours: Min. male white single Dec. 22, 1882 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? (Rt)Postal Clerk U. S. Post Office Westminister. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John O'Brien. Barbara Strohaver. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 9-01-3969 Mrs. Mary R. Langmead, 3529 Cakmont Ave., no INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cornary Throntonio LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 亩 TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY M442 ., 1952, to Sept. 13 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ deccased alive on Sept. 13, 19 52, and that death occurred at // Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4818 Reisterstown Road. Sept. 5 1952 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Sept. 17, 1952 Cathedral Baltimore, Md. burial DATE RECEIVED 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTE untington Velleaus, M; 4611 Park Heights Ave VS 150

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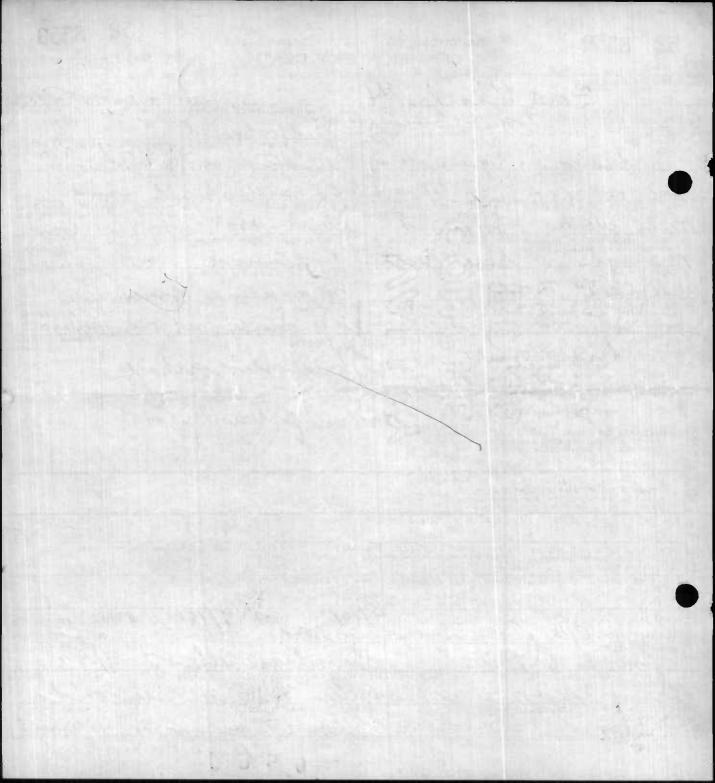


## BALTIMORE CITY HEALTH DEPARTMENT

BI	2 85 RTH NO.	58		CERTIFICATI	E OF DEATH	Registered 1	No.
1.	NAME OF D	SOPHIE	LINDE	MAN		2. DATE OF Sep	t.14,1952
A.		City, Maryland			4. USUAL RESIDENCE (WALL ALL STATE Maryland		
H	FULL NAME OSPITAL OR ISTITUTION	5710 Loch		ion, give street address or location)		outside corporate limi	s, write BURAL and give
	You other		IMVCII	73 XX			Ramblewood Apt12-M
-	SEX F	tay in Baltimore 6.COLOR OR RACE	WIDOW	E, MARRIED. VFD, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (in years)	Il Under 1 Year   It Under 24 Hours onths Days Hours Min.
worl	A. USUAL OC done during most	CUPATION (Give kind of a working life, even if retired)			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY U.S.A
	FATHER'S			1101110	14. MOTHER'S MAIDEN NA	AME	
		t Boeckel			Unknown		
(Ye	NO OF UNKNOWN)	ED EVER IN U.S. ARMEI (If yes, givo war or date	of service)	16. SOCIAL SECURITY NO.	Mrs.George W.E		och Raven-1:
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO UNDERL'	SE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	TH  of dying, e.  ins the disease caused deatl  SES  F ANY, GIVII  STATING T  AST.  ITIONS CO  NOT RELAT	(B)	erosal arl	noselosos	
CAL				FINDINGS OF OPER		(4.1 p. 14.1 gr)	20. AUTOPSY?
MEDIC	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i form, factory, street, office bldg.,		If in Baltimore City,	Rive exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
				deceased from not and that death occur	red at Va. m., from to 38. ADDRESS		that I last saw the he date stated above 23C. DATE SIGNED
2. TI	Burial	Sept. 16		24c. NAME OF CEMETE Baltimore		OCATION (City, town	
D	ATE RECEIVE	D BY   REGISTRAR	S SIGNATI	1991: MD	25. FUNERAL DIRECTOR H. SANDER & SON North & Broadwa	S. TNC	#BORESS
	VS 150	4	9 5	2000	8557/		Marle.



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5%	2	855	9	BAL		EALTH DEPARTMENT	52 Registered No.	8559
BIRTH				- 0	ĢERTII TOXT	L OI DEATH		
(Type o	r Pri		Ford	Cha	ules H		2. DATE OF DEATH	4.15-1952
		e City,	Maryland To		+ calhours	4. USUAL RESIDENCE (	Where deceased lived, ins	titution : residence before admission)
B. FUL HOSPI	TAL (		(If not in hospit	tal-or institut	ion, give street address o location		If outside corporate limits, w	vrite RURAL and give
INSTIT	0110	fra	whlin	Lau	car Hospo.	Baltimo	~ 270	township)
c. Len	gth (	of stay in	n Baltimore		6/4n. Mos. Days	# 600 Holis	f rural, give location)	ive
5. SEX	de	6.CC	LOR OR RACE	MIDON	E. MARRIED, /ED, DIVORCED (Specify	8. DATE OF BIRTH  Dec. 22 - 1890	9. AGE (In years if Und last birthday) Month	er l Year   II Under 24 Hours ns Days Hours Min.
10A. US	SUAL	OCCUPA	TION (Give kind of ag life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)   12	CITIZEN OF
m	an	'S NAME		Shir	1 Factory	Baltimor	٠ . ا	WHAT COUNTRY?
Wil	le	S NAME	D. For	d	(19)	mandalin	NAME Darch	
( I es, no e	runkne	EASED EVE	R IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD ADD	RESS Dring
18.	2	2.11			CAUSE	of Death	dord 58021	INTERVAL BETWEEN
.0.	DIS		CONDITION		CAUSE	OF DEATH	/	ONSET AND DEATH
	This	does not r	DING TO DEA' nean the mode of henia, etc. It mea	of dying, e. g	. a Our	eral 44m	rownings	
			lication which			-		
7		ANTE	CEDENT CAUS	SES	Jen	eral arteris	cleroses	
E F	RISE T	O THE AB	CONDITIONS, I	STATING TH	IG IE DUE TO	C		
FICA	JNDE	RLYING	CONDITION LA	IST.	(C)		•••••••••••••••••••••••••••••••••••••••	
F			- 11					
ш 1	RIBU	TING TO T	ICANT CONDI HE DEATH, BUT OR CONDITION	NOT RELATE	D			
		E OF OP			FINDINGS OF OPE	RATION		20. AUTOPSY?
21. LY	1.6	CIDENT	****	1 21p PLA	ACE OF INJURY (e. g.,	in or   21c, WHERE DID	(If in Baltimore City, give	YES NO
	ING		WAS UNDER. ITRIBUTING   H		arm, factory, street, office bldg.	etc.) INJURY OCCUR?	(II iii Baitimore City, give	exact location)
210	MIT.		) (Day) (Year)		21E. INJURY OCCURE		RY OCCUR?	
				nı.	WHILE AT NOT WHILE		1 / 1 = 1	
			/ 1 1 1 A / /		deceased from 7/	10/ 1962 to 7		hat I last saw the
		d alive of	1111	1	and that death occu	208. ADDRESS	the causes and on the	age stated above.
244 5	M	L CREMA	248, DATE	asin	м. D.	agette and 60	elprent T	1/5/52
TION, RE	MOVA	L (Specify		7-52	24C. NAME OF CEMET	· / P	OCATION (City, town, 6r	county) (State)
DATE I	RECE	IVED BY	REGISTRAR	SSIGNATU	RE	25. FUNERAL DIRECTOR	A	DDRESS
SEP:	16	1959	Thurtu	glow V	Vellacus, M.J.	Ses L. Ben	er 15/2/	tolling St
V	S 15	0		0	200	10 mB	alto 23 mas	
				10.4	2904	9 8 7 9	41	



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See Directive in Document Pile From Dr. Russell S. Fisher, Chief Medical Spaningr

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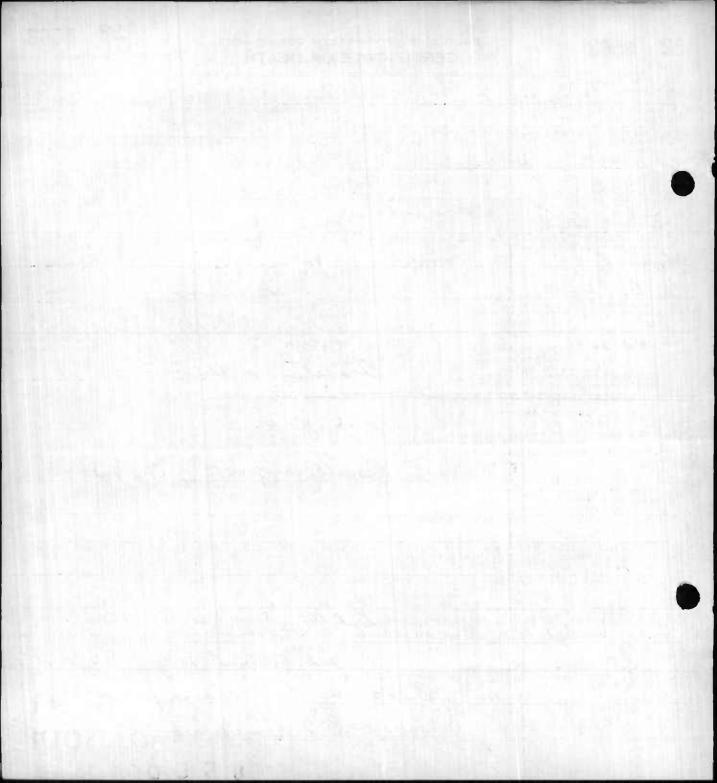
CERTIFICATE CORRECTE	D 9-19-52	
59 SECA BALTIMORE CITY H	EALTH DEPARTMENT	0504
52 8561 CERTIFICAT	E OF DEATH Registered So.	8561
1. NAME OF DECEASED (Type or Print) SIDNEY G. ROBERTS	2. DATE OF DEATH SE	ot. 15, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	
B. FULL NAME OF S (Hapt in hospital or institution, give street address o	Maryland Onne	arund (
Hospital Hospital Street	Edgewater	township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  Box 107 Route 1 Short	70 - 1 - 1
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	Box 407 Route 1 Short	er I Year I If Under 24 Hours
M WIDOWED, DIVORCED (Specify Married	June 14,1891 61 62	S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		WHAT COUNTRY?
Chief Eng. Seafarer	14. MOTHER'S MAIDEN NAME	USA
Beaugerard Roberts	Fannie Gottseelig	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give wer or dates of service)  219-30-19-54	17. INFORMANT ADD Records - US PHS Hospital, Balto	RESS , Md.
18. 200.) CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	pneumonia	2 22
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	pireumonita	l wk.
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES  (B) Lympho	osarcoma	3 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
OTHER SIGNIFICANT CONDITIONS CON-	Itang Santania (Santania	
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
A Later of Markey (	in or   21C. WHERE DID (If in Baltimore City, give	YES X NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.		exact location)
PID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF		
m. WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from So	ept. 2 152, to sept. 15 ,1952 t	
deccased alive on Sept. 15, 1952, and that death occu		aate statea above. 23c. DATE SIGNED
I. Hunter Clinical Director M.D.	US PHS Hospital, Balto, Md.	9/16/52
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or	- A
Burio sept 1/5" mayo men	nortal Mayo and a	o and
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Turturyton Williams M.P.	13. P. 2 ( Alexand & ha. Queen	DDRESS
SEP 16 1852	10 miles de de de de la como	
VS 150 240 2		

#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) John J. Gallagher	2. DATE OF DEATH 9/15-/J'2
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Dercy Hospital	Bultimire 9-08 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1120 East 20" AT.
Male White Wildwed, DIVORCED (Specify)	8 DATE OF BIRTH 9. AGE (In years of Under 1 Year last birthday) Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of work of done during most of work log life even if retired)  Selection of levers  Balto Cuts Process Court	11. BRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of nervice) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH  Necular account  Coronary Occlusion
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.  LYING CONTRIBUTING about home, farm, factory, street, office bidg.,	
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURR  WHILE AT WORK AT WORK	
deceased alive on 9-4, 1952, and that death occur	rred at 9: 20 m., from the causes and on the date stated above.  238. ADDRESS 23c. DATE SIGNED
24A. BUNTIM. CREMA- 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEM	thedraff Jallymore Hed
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 16 30 Thurston Williams Mr.	25. FUNDAL DIRECTOR ADDRESS In
VS 150	

This gard the death against Lide of Line ability 

VS 150



52 8564 BALTIMORE CITY HEALTH DEPARTMENT

52 8564	CERTIFICATE	OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) Levi Ma	YY AMOSS		2. DATE OF DEATH SEPE	14.1953
A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR 3567 Ber	or institution, give street address or location)	c. CITY OR TOWN	(If outside corporate limits, v	write RURAL and give
Congth of stay in Baltimana	Yrs.	o. STREET ADDRESS	(If rural, give location)	0
5. SEX 6. COLOR OR RACE 3	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. ACE (In years II Under the last birthday) Month	der i Year M Under 24 Hanns his Days Hours Min.
work done during more of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State of	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Oliver Am	oos PROD. (W)	14. MOTHER'S MAIDEN	Mary	
15. WAS DECEASED EVER IN U.S. ARMED F (Yee, no or unknown) (If yee, give war or dates o	16. SOCIAL SECURITY NO.	6 level line	ADE 3567 Bes	PRESS
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can	IRECTLY dying, e. g., the disease,	MAN ALLANDER	ung	ONSET AND GEATH
ANTECEDENT CAUSE Z DISEASES OR CONDITIONS, IF	(B)			/
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	TATING THE DUE TO			
TOTHER SIGNIFICANT CONDITE  TRIBUTING TO THE OBATH, BUT N	OT RELATEO			
19a. DATE OF OPERATION 19a	MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT, SUICIDE,	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e		(If in Baltimore City, giv	
210. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURRE  m. WHILE AT NOT WHILE  work AT WORK	21F. HOW DID INJU	JRY OCCUR?	
	nded the deceased from 19, and that death occur	7-52 19 , to red at 51 an., from		that I last saw the date stated above.
23A. SIGNATURE	Zimall M.O.	LIOS E	MINLLIN	county) (State)
24A. BURIAL, THEMA- TION REMOVAL (Specify)	1950 MA. The	in V	Howard 60	. ms.
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S	ston Williams M.	Silly of Harry	St. Olyka	elle, med.
VS 150	49063	Sutter S	4. Frigh	£

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### 52 8565

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8565 Registered No.

BIR	TH NO.						
	AME OF Dope or Print)		arles \	J. D. Sutton		2. DATE OF DEATH S	eptember 15, 1952
B. F	CLACE OF D Baltimore ( ULL NAME SPITAL OR TITUTION	City, Maryland		ion, give street address or location)	A. USUAL RESIDIA. STATE Maryland C. CITY OR TOWN Baltimore	ENCE (Where deceased lives, COUN	ved. If institution: residence
C. 1	ength of s	tay in Baltimore		Yrs. Mos. Days		ss (If rural, give locati	on)
5. s	ale	6.COLOR OR RACE		E, MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 12, 18	last birthda	ars il linder 1 Year Il linder 24 Hours y) Months Days Hours Min.
work d	one during most	CUPATION (Give kind of of working life, even if retired) nnel Dept.	Balto.	of Business or INDUSTRY Transit Co.	Baltimore,	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S N	Aubrey Sutt			14. MOTHER'S MA Mary Carr	IDEN NAME	
(Yes,	WAS DECEASI no or unknown) Yes	ED EVER IN U.S. ARMEI (If yes, give war or date W. W. T	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Esther C. S	utton, 5025 Wi	ADDRESS lliston Street
FICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEA'S not mean the mode of the complication which of ANTECEDENT CAUSES OR CONDITIONS, IN HE ABOVE CAUSE (A)	ITH  f dying, e. g  ns the diseas  aused death  EES  F ANY, GIVIN  STATING TH	(A) Coro	mary M	Trombosis	INTERVAL BETWEEN ONSET AND DEATH  2
CERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1	NOT RELATE	ī	cinoma,	bladd	a Bruo.
ш		8-52 FOR THE STATE OF THE STATE	21B. PLA about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	a or 21c. WHERE D INJURY OCCU	ID (If in Baltimore of	YES NO X
Σ	21d. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	deceased al	W. T.	1952-	and that death occur	red at 10 1 m. 3B. ADDRESS Ra	from the causes and	on the date stated above.    23c. PATE SIGNED   23c. PATE SIGNED   15   5   5   5   5   5   5   5   5
DAT	BURIAL (S REMOVAL (S DUTIAL	9/17/52 D BY   REGISTRAR'	4	u. S. Nationa		Baltimore,	Maryland
SE	P 16 19 Vs 150	52 Hunting	1 111	lliams M.P.	Hm. Cook.	0	St. Paul Street
						1 (4)	

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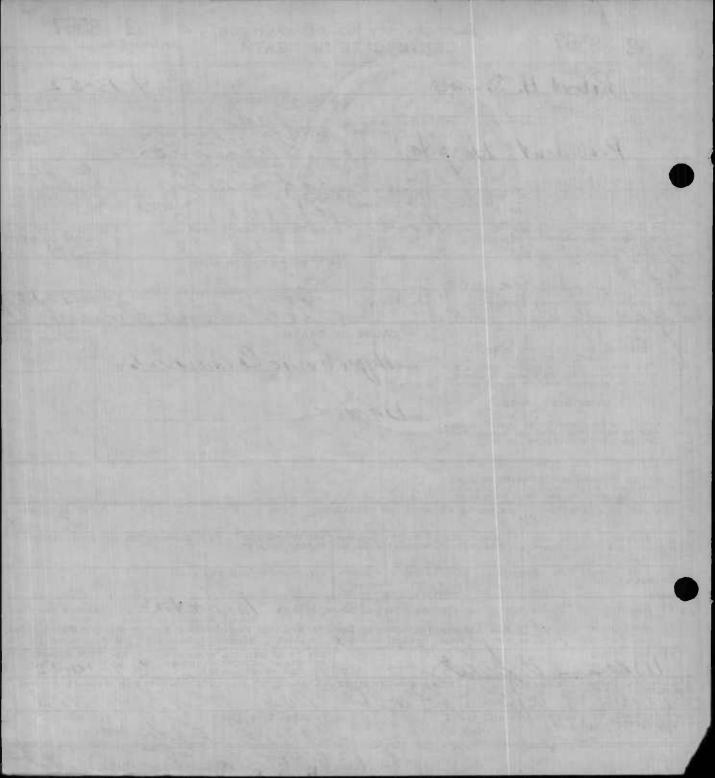
# BALTIMORE CITY HEALTH DEPARTMENT

X 52 8566 Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED Qda Gibaoro	2. DATE OF 9-15-5' 2
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY/ before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION Kenty of	Samel R. L. D township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos.  5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	
TOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. FIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTR	Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
allie Carter	Pattie Bernet
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 596 x and 015 X CAUSE	OF DEATH INTERVAL BETWEEN
	Lie Peritonelis @ 4 mes
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Le Pentenelis (0 4 mo.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Mis Jailine C 4 no.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGN FICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  (B)  OUT TO THE SIGN FICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
UNDERLYING CONDITION LAST.	culous & lymphubuspelty -
E il	e kymnais !
OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	coderia pelnorsom.
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?
OAL	YES NO
Z1A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
m. WHILE AT NOT WHIL	
	19-52, 19, to 9-15-52, 19, that I last saw the arred at 2:34.m., from the causes and on the date stated above.
23A. SIGNATURE	239 ADDRESS 23c. DATE SIGNED
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMEN	1 (minus) 10-16-5 T
TION, REMOVAL (Specify)	Bostist Ch. 1 E sout Co Va
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Huntington Williams M.P.	W. Or Lelly Jamel, md
VS 150	000000000000000000000000000000000000000
1 9 8	F 100

In Document File 52-3569 there is a lengthy
istory on this case. In Silverian, Director
of the Bureau of Tuberculosis, PCH) reviewed this
and her opinion briefly " a stomach full of pus,
whether due to ruptured viscus of pelvic inflammatory
disease, not determined b certifying physician - no operation, no autopsy"
and "let code go to septic peritonitis and bc. lymphadinitis as contributing"
A10/7/52 FS

52 8567 BALTIMORE CITY HEALTH DEPARTMENT 8567 Registered No. CERTIFICATE OF DEATH BIRTH N 1. NAME OF DECEASED 2. DATE H. S: mms OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (M outside corporate limits, write RURAL and give INSTITUTION township) mo Yrs. ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of CE (State or foreign country) 108. KIND OF BUSINESS OR 11. BURTHPL 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Nov ATHER'S NAME 14. MOTHER'S MAIDEN NAME NAS DECEASED EVER IN U.S. ARMED FORCES? | 1 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY pertousive Cardovascular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES ND 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an thereon and from , Inspection or Inquiry Autopsy the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A, SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MIDICAL INVESTIGATOR 248. DATE REMOVAL (Speci 240 AME OF CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) (State) 02 REGISTRAR 5 REGISTRAR'S SIGNATURE 25. PUNERAL DIRE ADDRESS V S 151

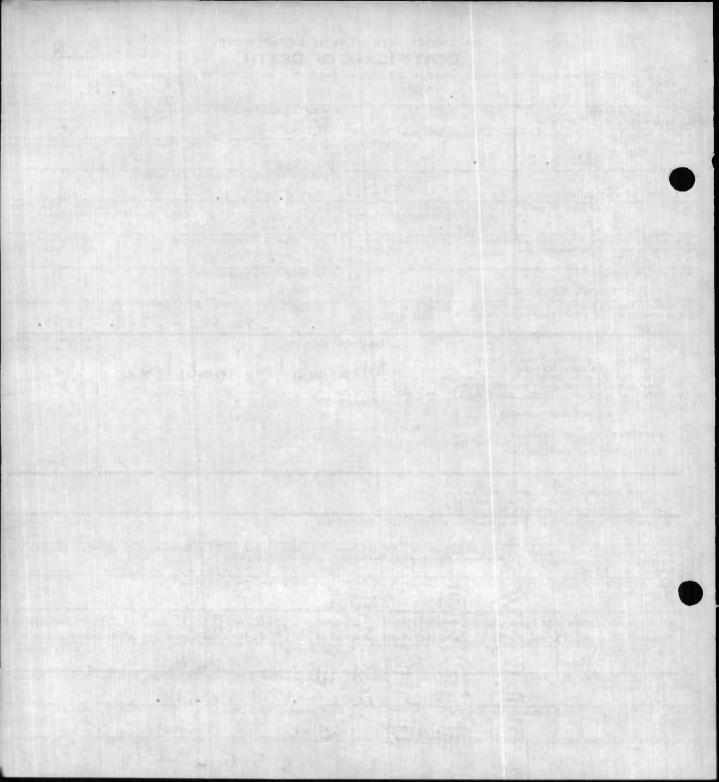


correct age is especially important. Physicians: please write the causes of death clearly and legiony.

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8568

В	IRTH NO.			CERTIFICATI	OF DEATH		
	NAME OF D	ECEASED	JOHN 1	B.TRAUTMAN		of Sept	. 15, 1952
	Raltimore	City, Maryland	H. T. D.		4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)
В.	FULL NAME		tal or institut	ion, give street address or	202	2.000,,,,	
	OSPITAL OR			location)	C. CITY OR TOWN (If	f outside corporate limit	s, write RURAL and give township)
10	1)	1810 E. 29	th St.		Baltimore	1 - 6	) (c)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	,
1 200		tay in Baltimore		Days	1810 E.29th St.		
5	. SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   last birthday) Mo	onths Days Hours Min.
	male	white	mar	ried	July 3, 1870		
wor	k done during most	CUPATION (Give kind of working life, even if retired	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
	Barb				Bamberg, Bavari		
13	3. FATHER'S				14. MOTHER'S MAIDEN N	AME	
_		hardt Trautm			Unknown		
(Y	5. WAS DECEAS 55, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	None				Mr. R. J. Traut	tman - 1810 E	
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	F	SE OR CONDITION		A.Y.	1 1 0 1	1 Vice	
	(This does	not mean the mode are, asthenia, etc. It me	of dying, e. 1	(A)	MY STAND CONTO A DI	culus IVI way	4 40.
		complication which					
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR COURTIONS		(B)		***************************************	***************************************
ATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
V	UNDERL	YING CONDITION L	AST.	(C)			
IFIC		11					
RTI		SIGNIFICANT COND					
CE		TO THE DEATH, BUT					
AL	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
1EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bidg., e		If in Baltimore City,	give exact location)
3	21b. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereh	werthfu that I at		deceased from 11	un, 194, to 1	5 hel 196	that I last saw the
	decedsed a	. 11 1/ \ V	19.51/	and that death occur	red at 1.11 Am. from t		he date stated above.
	234 SIGNA	TURE	,,		3B. ADDRESS		23C. DATE SIGNED
		and following		м. р.	1219 14 11111	to an	16 84152
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)
11_	Burial	9/17/52		Holy Redeer		bo., Md.	0
	ATE RECEIVE		SSIGNATU	JRE	25 FUNERAL DIRECTOR	· /	ADDRESS
	0 1 6 100	7 11- 1: 1	on Will	ialus. M.Y.	VIm. J.VV	crener V	XMO
	VS 130	7			(/	= 16 11th	17 ms
II			100	0 5 9 0	0 8 5 0	Jun 1	1/11/14.
			15.00	10 May 10	112 24		



See Document File 52-3569 for query reply.

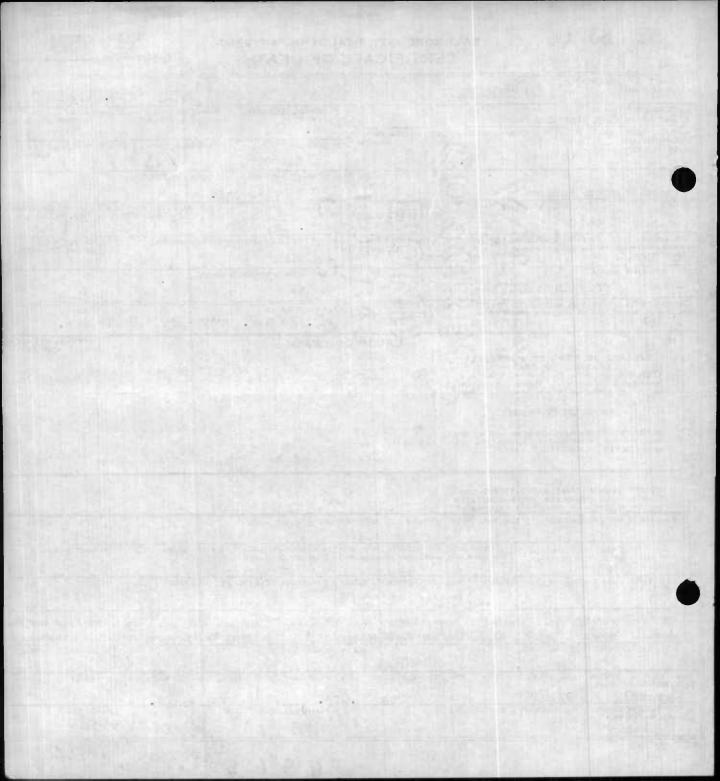
See letter from Dr. Bussell S. Fisher, Chief Medical Ecominer in Document File

21 m. fitolow 1. Low

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

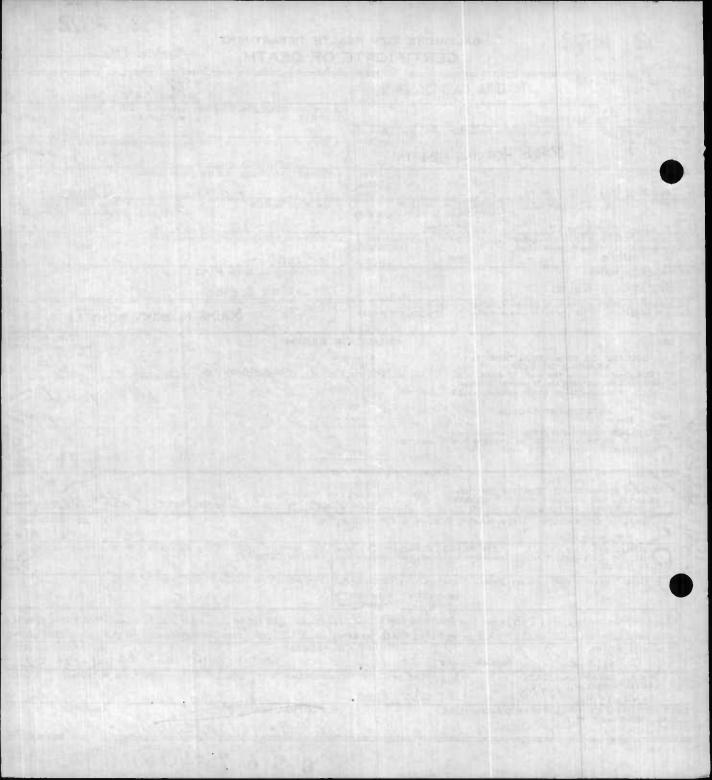
52 8571 Registered No.

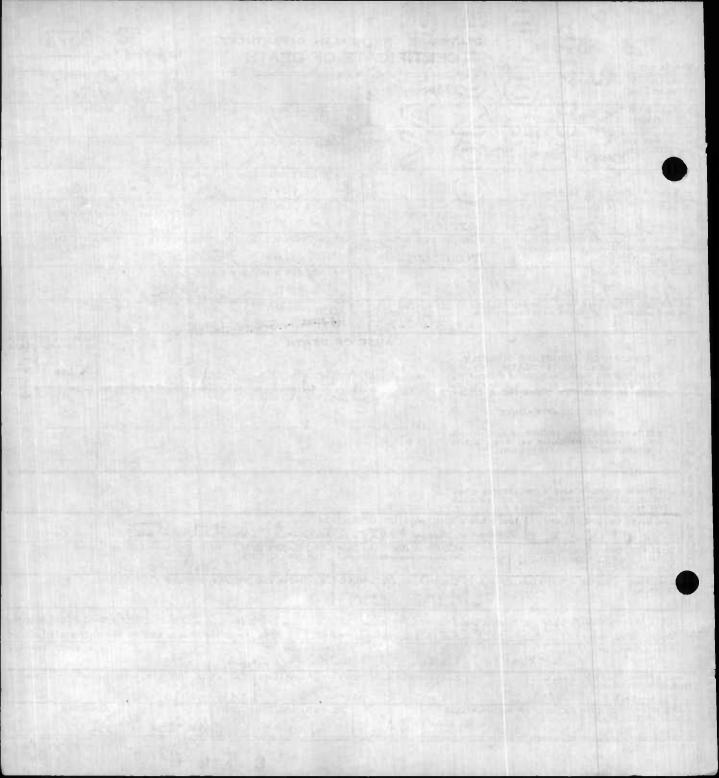
1. (T	NAME OF D		TIE URI	EY		2. DATE OF DEATH	Sept.	13, 1952
A.		City, Maryland			4. USUAL RESIDENCE A. STATE MO.		ved. If insti	
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)		76 -4-11	- 11 14	
	STITUTION	3908 Bel	le Ave		Baltimore	It outside corporat	e limits, wi	rite RURAL and giv township
				Yrs.	D. STREET ADDRESS (	If rural, give locat	ion)	43.00
Ğ.	Length of s	tay in Baltimore		Mos. Days	3908 Belle Av	e.		
5.	SEX	6. COLOR OR RACE		E. MARRIED. YED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	ars If Under	i Year   Il Under 24 Hours
	female	white	marr		Dec. 25, 1864	87	y) Months	Days Hours Min.
MOL	A. USUAL OC done during most HOUSEWITE	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
	_ 5	Spriggins			none			
15	. WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDR	a Fee
(Ye	s, no or unknown) NO	(If yes, give war or date	of mervice)	SECURITY NO.	Mr. John W. U.	rey - 3908		
	18. 421.	4.		CAUSE	OF DEATH			INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY		0 0	,	0	ONSET AND DEATH
	(This does	not mean the mode of	H f dving e	en el du	Leel KA	roset	-11	1-Ch
	heart failu	re, asthenia, etc. It mea	ns the diseas	ie.	1	10		
	injury or			ii) DOE 10				11
		ANTECEDENT CAUS	ES	al	da cerx		1 4/6	The is
NOIF	DISEASES	OR CONDITIONS, II	ANY. GIVI	(B)				······································
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING TI ST.	HE DUE TO	Deck.	Ned.		1 11/10 24
FIC				(C)	VV- State		****************	C THE TOTAL
TIF		11	William I					
ERTI		IGNIFICANT CONDI			true			
Ö	TO THE D	ISEASE OR CONDITION	CAUSING I	т				
۲	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
CA	-		1 04- 01		Tate waters are	(7.4 t 5) V.1	CI.	YES NO L
EDIC		ENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore	City, give	exact location)
M	CAUSE OF	DEATH ~						
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE		RY OCCUR?		
		. 6	m.	WHILE AT NOT WHILE				
		3010	The state	deceased from		V	,	at I last saw th
	23A. SIGNA	ive on 1/16	<u>, 197L,</u>	and that death occur	3B. ADDRESS	the causes and	-	late stated above
		De che	CH	repland"	790 fel	croal	MAIL	4/14/1/
24 TIC	N, REMOVAL (S	pecify)		24c. NAME of CEMETE		LOCATION (City	, town, or e	ount/) / (State)
-	Removal		2 616111	McKendree Ch.	Cem, Air	v <i>j</i> olle, Pa.		1
	ATE RECEIVE	RAR	SIGNATU	JKE	25 FUNERAL DIRECTOR	Jelever	142	MA MA
910	VS 150	- A-	1- 1/	/17: 11=6				nnn I
1 30	- V3 ISU	"Huertry	for /	Volliams, Mys?	0 5 6 6	Parto	17,	Ma.
	-28 - 238		1 1 1 2 2		0 000			



1. NAME OF C (Type or Print)	RC	SINA CA	THERINE ROWSE		OF DEATH SON	tember 13119.
a. Baltimore	City, Maryland		di di	4. USUAL RESIDENCE (W	here deceased lived I B. COUNTY	f institution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION			on, give street address or location) HOSPITAL	Baltine	ne 20	its, write RURAL and gi
- Longth of s	stay in Baltimore		Yrs. Mos.	112-2 (12	rural, give location)	(A.
5. SEX	6.COLOR OR RACE		Days   , MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hou Ionths Days   Hours Mir
Emale.	White	Wid	owed	8-29-06	46	
	CCUPATION (Give kind of of working life, even if retired) fe	at hom	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR'
13. FATHER'S				14. MOTHER'S MAIDEN NA		
	an Klimm			Christina Bears	eh	
(Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	NS HOPKINS H	ADDRESS HOSPITAL
heart failt injury or DISEASE	s not mean the mode of unre, asthonia, etc. It mean complication which complication which complication which complication which cause (A) is one compliment of the condition of the condition in the condition is one condition to the condition in the condition is one condition to the condition in the condition is one condition to the condition in the condition is one condition to the condition in the condition is one condition to the condition in the condition in the condition is one condition to the condition in	ns the disease aused death. ES ANY, GIVIN STATING TH	) DUE TO			loast 2 yrs.
TRIBUTING TO THE D  19A. DATE O	DENT WAS UNDER	NOT RELATE CAUSING IT 9B. MAJOR	D 7-12 NT.	or 21c. WHERE DID (I		20. AUTOPSY7 YES NO E
10. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRENT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
deceased a	Raph D	, 19.57,	and that death occur	JOHNS HOPE	he causes and on	Esthat I last saw t. the date stated abov  23c. DATE SIGNE 9-13-52
TION, REMOVAL (	- 19/17/52		orraine Maus.		OCATION (City, tow	n, or county) (State
DATE RECEIVE	D BY   REGISTRAR'	SSIGNATU		25 FUNERAL DIRECTOR	- Comme / W	ADDRESS

VS 150



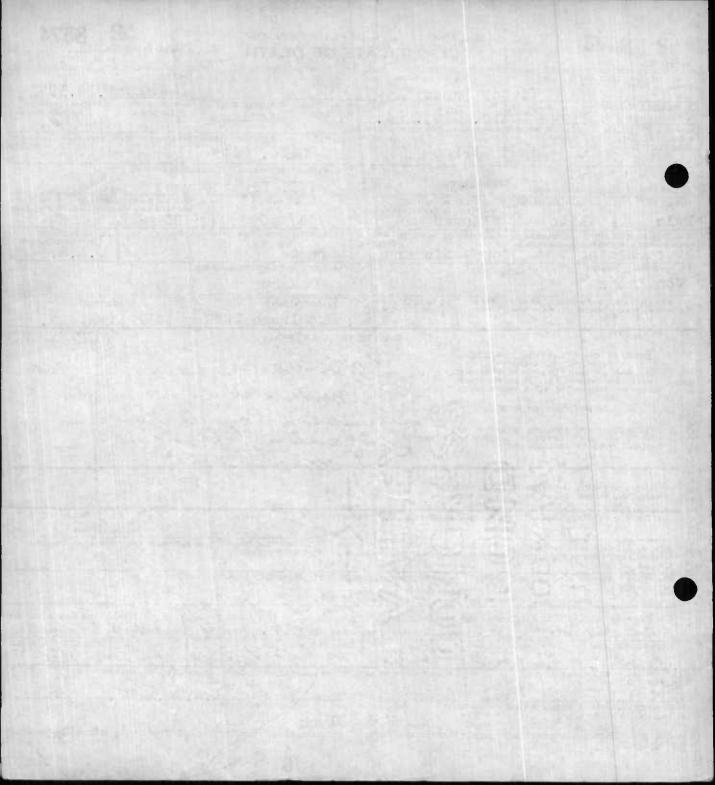


correct age is especially unportain. Information prome with

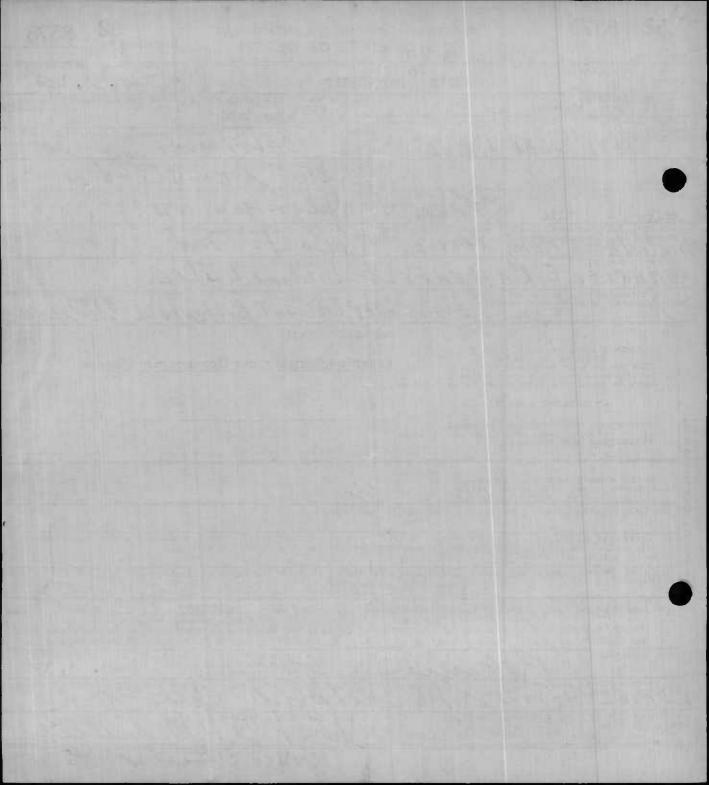
## BALTIMORE CITY HEALTH DEPARTMENT

52 8574
Registered No.

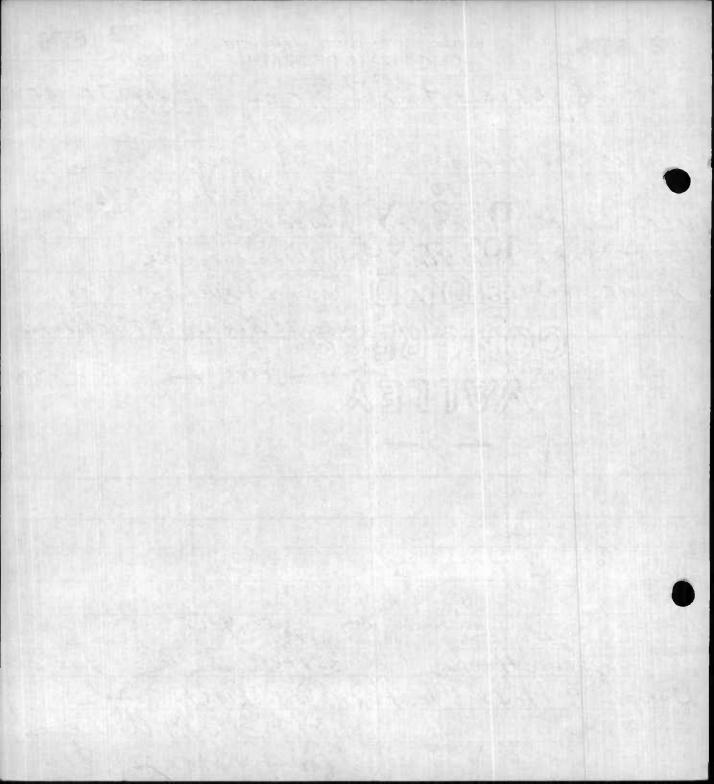
BIRTH NO.			CERTIFICATI	OF BEATH				
1. NAME OF DEC (Type or Print)	EASED			2. DATE OF COLLAND TO				
		ctor La	antz		DEATH SPET	14,1952		
B. FULL NAME OF	y, Maryland Be	alto (	City. Md.	A. STATE Marylan	(Where deceased lived, If in B. COUNTY	before admission)		
HOSPITAL OR INSTITUTION	I6II Ligh		location)	C. CITY OR TOWN Balto. Ci	(If outside corporate limits,	write RURAL and give township)		
			Yrs.	D. STREET ADDRESS	(If rural, give location)			
c. Length of stay	v in Baltimore		Mos. Days	I6II Light	t Street			
5. SEX 6.	COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) III	Inder I Year   If Under 24 Hours ths: Days   Hours   Min.		
Male	White	Widow	wed	9/26/1860	91	2115		
10A. USUAL OCCUPATION (Give kind of or control of susiness or or control				11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAI		loomred	3 o I O Hal y	14. MOTHER'S MAIDEN	NAME	0,0,22,		
Jon Lanta				UnKnown				
15. WAS DECEASED	EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS		
(Yes, no or unknown)	(If yes, give war or date	os of service)	SECURITY NO.		udley I6II Li			
18. 101	1		CALISE	OF DEATH	actor roll mi	INTERVAL BETWEEN		
101	X 1	DIRECTIV	CAUSE	OF DEATH	1	ONSET AND DEATH		
L	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not made of duing a great of the control of the contr							
heart failure,	rt failure, asthonia, etc. It means the disease,							
injury or co	mplication which	caused death	.) DUE TO	mary	lander	0		
	NTECEDENT CAUS	SES		200-11				
O DISEASES C	R CONDITIONS, I				of a nema			
RISE TO THE	ABOVE CAUSE (A)			adden to	feeding			
DISEASES OF RISE TO THE UNDERLYIN			(C)	mileles	**********************************			
	11	75.212						
TRIBUTING T	NIFICANT COND	NOT RELATE	D					
19A. DATE OF	OPERATION I		FINDINGS OF OPER	ATION	***	20. AUTOPSY?		
1	O' EKATION .	isb. mason	THEMES OF SELEC			YES NO E		
	T WAS UNDER-		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)		
21D. TIME (Me	onth) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	URY OCCUR?			
OF INJURY		m	WHILE AT NOT WHILE					
22. I hereby	certify that I at:	tended the	deceased from	19520	DelT 14. 1952	that I last saw the		
			and that death occur	A	n the causes and on th			
23A) SIGNATU		mille		38 ADDRESS	uler 57	23c. DATE SIGNED		
24A. SURIAL. CRI TION, REMOVAL (Spe	MA- 24B, DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town,	or county) (State)		
Burial	9/17/1	1952	Cedar Hill		A.A.Co. Md.			
DATE RECEIVED		'S SIGNATL		25. FUNERAL DIRECTO	OR .	ADDRESS		
LOCAL REGISTRA	if- ti	ton Wil	Lineus M.D.	Flynn & Flom:	ing I426 Lic	h+ 8+		
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rans V			0 5 2 0	0 8 5 6	2			
-			A 4000	The last species of the last		the state of the state of		



13	52 IRTH NO.	8575			ALTH DEPARTMEN	IT Registere	52 8575
1.		DECEASED	HERBERT	BATTENFE	LD	2. DATE OF Sep	t. 15, 1952
A		City, Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived.	
H	FULL NAM OSPITAL OI ISTITUTION	BYI KAK	eital or institution, give	street address or location)	c. CITY 98 TOWN +		mits, write RURAL and g
			VIIIVE	Yrs. Mos.	D. STREET ADDRESS	(if rural, give location)	12 14
5	SEX	stay in Baltimore	E 7 SINGLE, MARR		A.DATE OF BIRTH	9. AGE (In years last birthda)	If Under I Year   If Under 24 Ho Months; Days   Hours: Mi
10	male	white DCCUPATION (Give kind	of 108 KIND OF BUS	eu	11. MRTHPLACE (State of	7 48	12. CITIZEN OF
MA	INTEN	ANCE MAN	VARIOU		19ALto	md	WHAT COUNTR
1	ONA	LES E. L	AHENF	ELd	LILLIAN Z	NAMELIE	
15 (Ye	a, no 4 inknow	ASED EVER IN U.S. ARM (If yes, give war or de		CIAL CURITY NO.	LILLIAN E. BA	HENFELL	STRICKLAND
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWE
	(This d	ASE OR CONDITION LEADING TO DE oes not mean the mode illure, asthenia, etc. It m	ATH of dying, e.g.,	A, Arteri	osclerotic card	iovascular di	isease
		or complication which	caused death.) DU	Е ТО			
z	DISFAS	ANTECEDENT CA	(	B)			
ATIO	RISE TO	THE ABOVE CAUSE (A	A) STATING THE DUI	E TO			
ERTIFICATIO	TRIBUTI	SIGNIFICANT CONING TO THE DEATH, BU	DITIONS CON- T NOT RELATED				
C		OF OPERATION	198, MAJOR FINDIN	GS OF OPERA	TION		20. AUTOPSY?
EDICAI	UNDERLY	RNAL CAUSE WAS ING OR CONTRIE CAUSE OF DEATH		NJURY (e. g., in street, office bldg., et	or 21c, WHERE DID	(If in Baltimore City	YES NO V, give exact location)
ME	OF INJUR	(Month) (Day) (Yea	r) (Hour)   21E. INJU	URY OCCURRE	21F. HOW DID INJU	JRY OCCUR?	
		tify that I took che			Autops	utopsy y, Inspection or Inquir	thereon and from
	and e	death in my opinion	y said Autopsy, In n resulted from: ne	spection or In utural causes	iquiry, find that said K, accident □, suici	deccased dicd on de $\square$ , homicide $\square$ ,	the day stated about $\mu$ , undetermined $\mu$ .
	23A. SIGN	13	Mule	e- M.	238. CHIEF MEDICA ASSISTANT MEDICA MEDICAL INVESTIG	ATOR.	ept. 15, 1952
7	BURIAL.	(Specify)	-57 246. NAN	LL GEMETER	OR CREMATORY 24D	CATION (City, tow	on, or county) (State
	TE RECEIV		r's SIGNATURE	6 2 1 may	STEWNERAL DIRECTO	B.M. U	aller
V	S 151	100	STY	9.91	Charles &	thecks	OK V

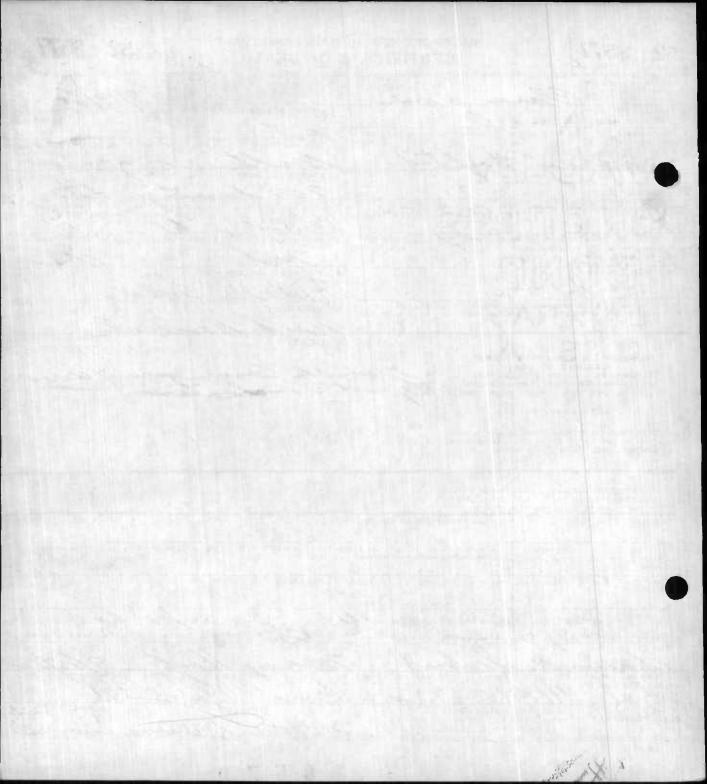


10	157							
BI	52 RTH NO.	857	6	BAI		HEALTH DEPARTMENT OF DEATH	NT Registered	52 8576
	NAME O	F DECEA	63EI	FIEL	A.Wi	ZLIAMS	2. DATE OF DEATH	+15-1952
Α.	Baltimo	0 /	Malyland			4. USUAL RESIDENCE		If institution: residence before admission)
H	FULL NA OSPITAL ISTITUTION	OR	The H	11	ion, give street address location	\	(If outside corporate limes of e	nits, write RURAL and give township)
c.	Length	of stay in	Baltimore		So Yrs	- VROTThE	(If rural, give location)	da
75.	4LE	6.60	LOR OR RACE	7. SINGLE	MARRIED.	JULY 30-188	9. AGE (In years last hinthday)	U Under 1 Year If Under 24 Hours Months Days Hours Min.
19 wg/	A. USUAL	OGCUBA mod of working	PION (Give kind of Rith, even if retired)	BALTO	OF SUSINESS OR INDUSTI	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	HTHER	MES	w,	14,	a ms	MARGARE +	ANDREWS	
62	WAS DEC	EASED EVE	R IN U. S. ARMEI	FORCES?	16 SOCIAL NO	17. INFORMANT	MMER Y807	ADDRESS INFORMED
	(This heart	does not n failure, ast	CONDITION DING TO DEA nean the mode of nenia, etc. It mea	TH of dying, e. g ons the diseas	(A) Ca	consone Bon	shypin .	INTERVAL BETWEEN ONSET AND DEATH
	Injury		ication which o		.) DUE TO			
CATION	RISE '	TO THE AB	CONDITIONS, II OVE CAUSE (A) CONDITION LA	STATING TH	E DUE TO			
CERTIFI	TRIBU	TING TO T	II ICANT CONDI HE OEATH, BUT OR CONDITION	NOT RELATE	D			
CAL		TE OF OP	to the same of the		FINDINGS OF OP	ERATION		20. AUTOPSY?
MEDIC	LYING		VAS UNDER TRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g arm,factory,street,office bld	g,,etc.) 21c. WHERE DID	(If in Baltimore City	, give exact location)
Ĺ	10. TIM		) (Day) (Year)		21E. INJURY OCCUP	LE	URY OCCUR?	
		reby ceri			deceased from dand that death occ	2000, 1900, to		That I last saw the the date stated above.
		NATURE	Vance	1/001	ber M. D.	23B. ADDRESS 3537 Eller	ske Re	23c. DATE SIGNED 9-11-52
24 T/		L, CRIMA AL (Specify)	9-17.	54	WESTE	TERY OR CHEMATORY 24	ALTO	(n, or coupty) (State)
D/ LC	ATE RECE	IVED BY	REGISTRAR'	s SIGNATU	RE ///·	25 FUNERAL DIFECTO	B.M. U	Jacobsess Jackers
	VS 15	0	3	7 , 5	7.73 93	PROHO	Stricke	1878

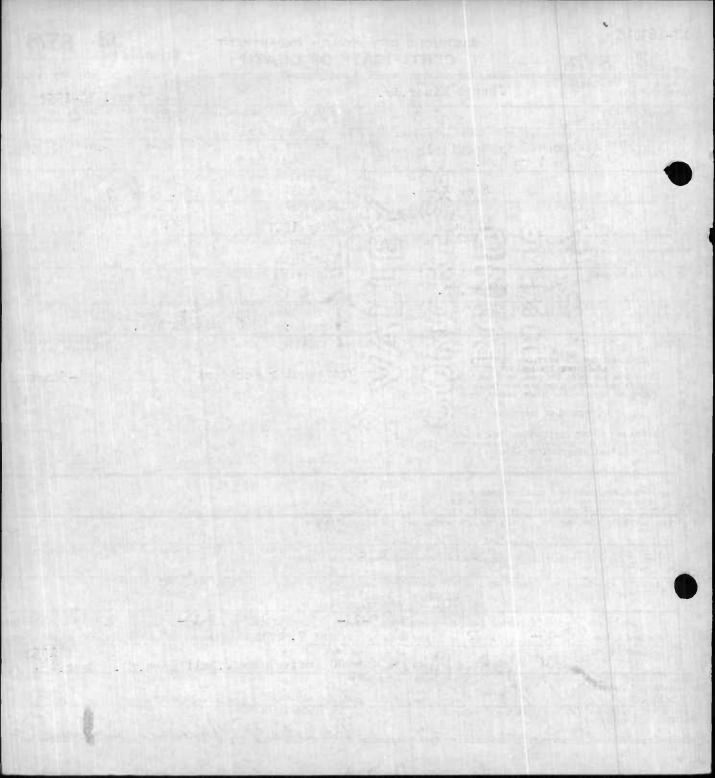


BALTIMORE CITY HEALTH DEPARTMENT Registered No 8577 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE in years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF If Under 24 Hours WIDOWED, DIVORCED (Specify) 2 10A. USUAL OCCUPATION (Give kind of 1. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dople during most of working life, even if retired) INDUSTRY WHAT COUNTRY? mesers 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .... NOILA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... Ĭ. E 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 1952 and that death occurred at m. from the causes and and 22. I hereby certify that I attended the deceased from deceased alive on 9 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-ON City, town or county, 248. DATE 24C\_NAME OF (State) DURIDA DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



VS 150



07	OFMO
20	8579
DIETH	NO

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	8579
Registered No	

	NAME OF E		OBERT	E. L. JO	OHNS	2. DATE OF Sept	. 14, 1952	
	PLACE OF E	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in		
В.	FULL NAME		al or institut	ion, give street address or A Venue location)			maids DIIDAT and die	
	STITUTION	Keneaw Re			c. CITY OR TOWN (If Baltimor	J. Comp	write RURAL and give	
				Yrs.	D. STREET ADDRESS (If	The second secon		
		stay in Baltimore		Mos. Days	3200 Rosali	e Avenue		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years If U	sder 1 Year   If Under 24 Hours ths Days   Hours   Min.	
	male	white		VED DIVORCED (Specify)	July 14, 1862	90		
10 work	done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?	
13	RETIP	ed Fireman			Baltimore, Mar			
	?	NAME			?	AME		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
					Mrs. Gertrude	J. Jaffa,36	05 Clarinth	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON-							M Moss I gray	
CER	TRIBUTING	SIGNIFICANT CONDI 3 TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D	COMP			
EDICAL	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERATION   120, AUTOPSY?							
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	JI INJURT		m.	WHILE AT NOT WHILE		/		
deceased alive on 1951, and that death occurred at 900 m., from the causes and on the day 23a. SIGNATURE 23B. ADDRESS 23B.							that I last saw the date stated above.	
24 TIC		CREMA- Specify)	50		RY OR CREMATORY 24D. LO		1	
	BUT18		S SIGNATU	Loudon Pa	5. FUNERAL DIRECTOR	ltimore, Ma k, 5305 Har	ADDRESS	
1	5 1 9 18	M Total	netons	Milliams, MJ	77	, , , , , , , , , , , , , , , , , , , ,		
	VS 150		0		- 0 F2 F2 A			

Dr. Jos. Jerardi 1800 N. Charles St.

THE PETERS OF THE PARTY OF THE

PRESIDENCE OF SERVICE SOURCE SERVICE S

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8580 Registered No.

BIRTH NO.							
I. NAME OF DECEASED (Type or Print) Joseph Robinson   2. DATE OF Sept., 14, 1952.							
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or							
HOSPITAL OR location   C. CITY OR TOWN (If outside corporate limits, write RURAL and towns)							
Baltimore,							
c. Length of stay in Baltimore life Yrs.  Mos. Days  2015 Rayner Avenue							
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years) It linder 1 Year   If finder 74 H							
Male White Single Nov. 29, 1908   last birthday   Months Days Hours M							
10A. USUAL OCCUPATION (Glve kind of work done during most of working life, even if retired)  Radio Repairman  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  WHAT COUNTING  WHAT COUNTING  WHAT COUNTING  U. S. A.							
Radio Repairman Self employed Maryland U. S. A.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
Edward Robinson Deceased Leale Carrick Deceased							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  Browleguie Carenoval  (B)  CC)  OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY  YES NO  19A. DATE OF OPERATION 21B PLACE OF INVIEW (12 in Politimon City disease)							
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., In or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 9-9, 1957 to 9-14, 192, that I last saw the							
deceased alive on 7-14, 1952, and that death occurred at 235 m., from the causes and on the date stated abo							
23A. SIGNATURE 23C. DATE SIGNI							
24a. BURIAL. CREMA- TION, REMOVAL (Specify) Burial  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  Sept. 17. 1952  Baltimore  Md.							
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  Turtington  Md.  25 FUNERAL DIRECTOR  ADDRESS  1900 Eutaw Place							
VS 150							

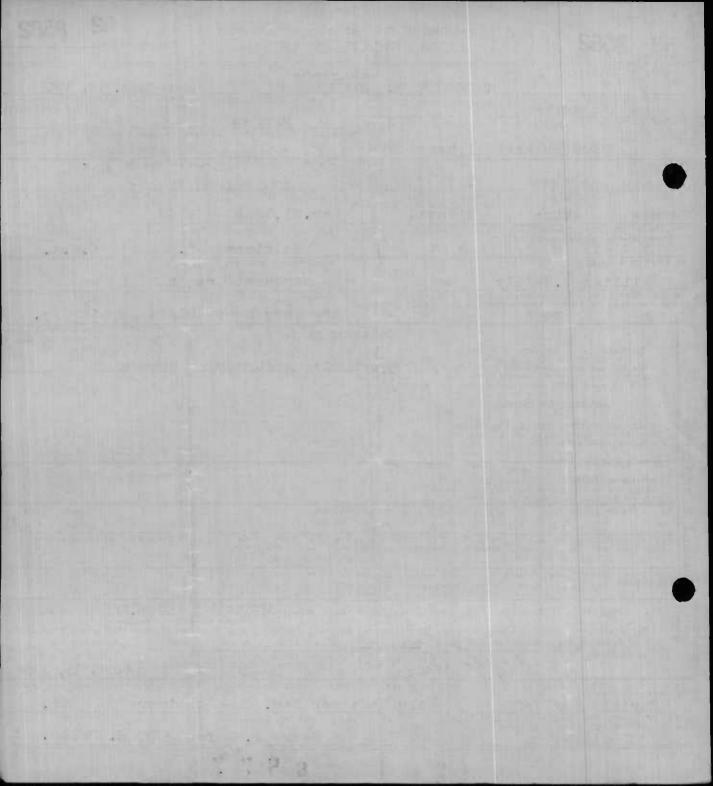
Table Committee and the committee of STATES STATES Beers, Tel, Justin Datius Sans 173

91			X	
	BALTIMORE CITY H	IEALTH DEPARTMENT	52 Registered No.	8584
В	RTH NO. 8581 25912 CERTIFICAT	TE OF DEATH	Registered No.	0001
	NAME OF DECEASED Baby (mole)	Numblin	2. DATE OF DEATH OP!	16,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W.	here deceased lived. If ins	before admission
H	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location ISTITUTION		outside corporate limits,	write HURAL and give
	OOHNS HOPKINS HOSPITAL Yrs.		ural, give logation)	my)
4	SEX   6. COLOR OR RACE   7. SUSCE, MARRIED.	308 Jep	er hana	ing
1	nale white WIDOWED, DIVORCED (Specific	9-15-52	9. AGE (In years If Um last birthday) Month	der 1 Year H Under 24 Hours hs Days Hours Min.
Worl	A. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)  INDUSTR	Y 11. BIB HPLACE (State or for	reign country)   12	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17, INFORMANT	omal	RESS
(Xe	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS		7.1.2.3
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  CAUSE  (A)	maturity	<i></i>	INTERVAL BETWEEN ONSET ANO DEATH
	ANTECEDENT CAUSES			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
RTIFIC				
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
L	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE			20. AUTOPSY?
DICA	21a. ACCIDENT WAS UNDER.   21b. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If	in Baltimore City, give	YES NO Le exact location)
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.  CAUSE OF DEATH			
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILE		OCCUR?	
	m.   WORK AT WORK	[4]	////	
	22. I hereby certify that I attended the deceased from 9 deceased alive on 9 / 10, 1952, and that death occur	15, 1952, to 9 urred at 3 m., from th	k causes and on the	that I last saw th date stated above
	23A. SIGNATURE	238. ADDRESS OHNS HOPKINS HOSPIT		23c. DATE SIGNED
2.4 TIC	4A. BURIAL, CREMAY 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LC	CATION (City, town, or	- 1
6	ATE RECEIVED BY REGISTRA'S SIGNATURE	25. FUNERAL DIRECTOR	michaels	DDRESS,
Lo	OCAL REGISTRAR Tuntington Williams - M.T.	5. Hambleton 1	Havison, St.	muchael , he
DL	Vs 150	•		
11	the state of the s	0 0 5 7	6	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Houchens HOUGHNESH DEATH Sept. 15. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Of not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2800 Pulaski Highway Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 9. AGE (In years | If Under I Year | If Under 24 Hours | Last birthday) | Months | Days | Hours | Min. Days 8. DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed Mar.31,1886 Female White 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C.Reilly Margaret Cronin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs Mary Donovan1504 Summit none -no INTERVAL BETWEEN 443 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, furm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes A, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER...... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER...... MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Holy Redeemer Cem. Bal timore Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

John

A. Moran 3000 E. Balto. St



A.	Baitimore C	nty, maryland o	MOT OF	I MITT POIL WAG	A. SIAIE	before admission)
	FULL NAME	OF (If not in hospita	al or institut	tion, give street address or		
	STITUTION			location)	C. CITY OR TOWN (If outside corporate limits, v	write RURAL and give township)
10					Baltimore 6-0	L
K				Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of st	tay in Baltimore	Life	Mos. Days	3 North Milton Ave	
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH 9. AGE (In years) Il Unit	
	ale	White	Marri	VED, DIVORCED (Specify)	July 12, 1895 57	hs Days Hours Min.
		CUPATION (Give kind of for working life, even if retired)		O OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
	alesman			Bros.	Baltimore Md.	WIIAI COUNTRI
13	. FATHER'S	IAME			14. MOTHER'S MAIDEN NAME	
	Geor	ge A. Sch	aub		Helen Toeneis	
15	. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT ADD	RESS
( X ea	, no or unknown)	(If yes, give war or dates W.W.l.	ol service)	216-05-918		ilton Awe
	18.	> . /			OF DEATH	INTERVAL BETWEEN
	1 .	E OR CONDITION	DIRECTIV		+4 0	ONSET AND OEATH
		LEADING TO DEAT	TH	CMM	ian, Minikosis	30 min
	heart failu	not mean the mode ore, asthenia, etc. It mean	ns the diseas	g., (A)		***************************************
	injury or	complication which c	aused death	a.) OUE TO		
		ANTECEDENT CAUS	ES	Passa.	-t- cardin va soulus	In Uhn
Z	DISTAGE	OD COMPLETIONS		(B)	evensure course ous contract	10 /00.
0	RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A)	STATING TI	HE OUE TO	0 :+ assesse	20
A	UNDERLY	ING CONDITION LA	ST.	(C)V	ovesily	2042:
0					/	
F	OTHER C	ICANE CONDI	T10110			
		IGNIFICANT CONDITO THE OFATH, BUT				
U		SEASE OR CONDITION				
۲	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	20. AUTOPSY?
CA	1. 1.0010		I our Di	ACE OF INJURY (e. g., in	n or   21c, WHERE DID (If in Baltimore City, giv.	YES NO
EDI		ENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg., e		e exact location)
		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	F INJURY			WHILE AT NOT WHILE		
			m.	WORK AT WORK	9 5 + 5	
	22. I hereb	y certify that I att	ended the	deceased from Ju	ine 1957, to Sept , 1932	that I last saw the
	deceased al	ive on pept 12	., 19 3 2,	and that death occur	rred at 11 3 2m., from the causes and on the	
	23A. STONA	TURE //	0 1	~   2	38. ADDRESS	23c. DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

VS 150

REGISTRAR'S SIGNATURE

9/19/52

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

Burial

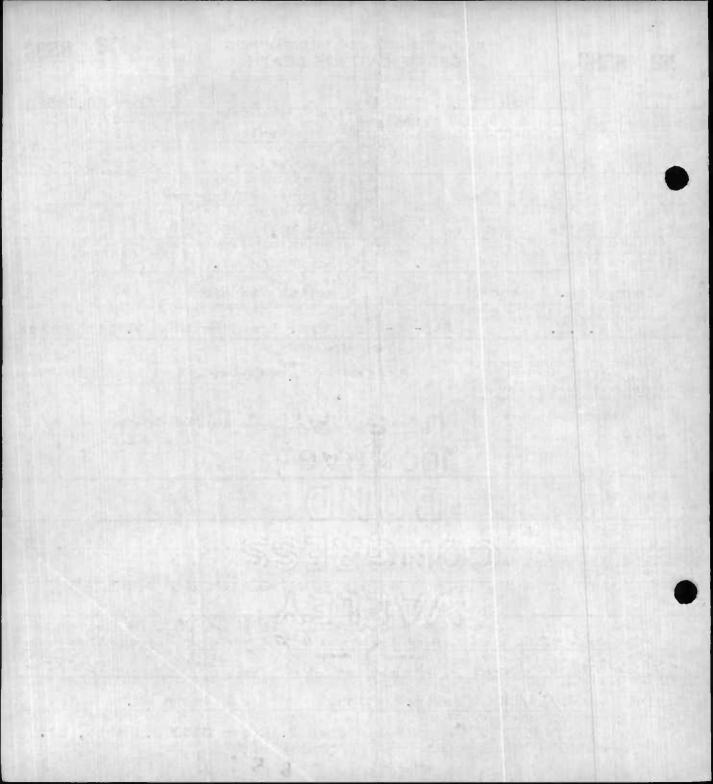
25. FUNERAL DIRECTOR

240. LOCATION (City, town, or county)

ADDRESS

Baltimore Md.

John A. Moran 3660 E. Balto, St.



#### (This does not mean the mode of dying, e.g., (A) Third degree burns of 90% of body heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TO OR CONTRIB-

shipyard Sparrows Pt.-Bethlehem Steel 21D. TIME (Month) (Dny) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY

Electric switch shorted-caught clothes Sept. 7. inspection & inquipy on fire 22. I certify that I took charge of the remains described above, held an \_

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident A suicide [ , homicide [ , undetermined [ .

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ..... X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR ....

Sept. 15, 1952 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

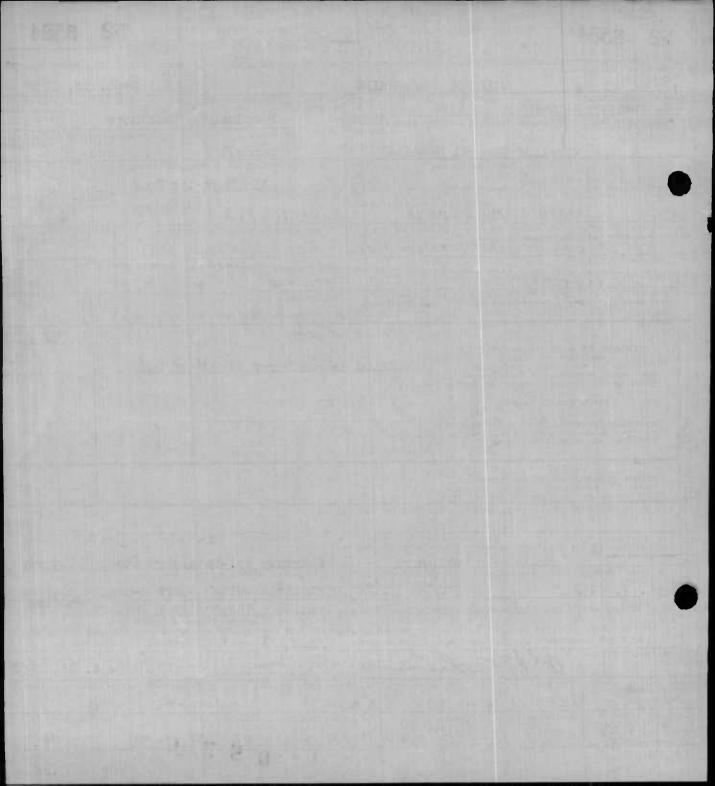
BURIAL SEPT 18. 1952 COLGATE DATE RECEIVED BY ADDRESS 2/12 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR ULLRICH PUNEBALAHOME

- 94x . 2

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20. AUTOPSYT

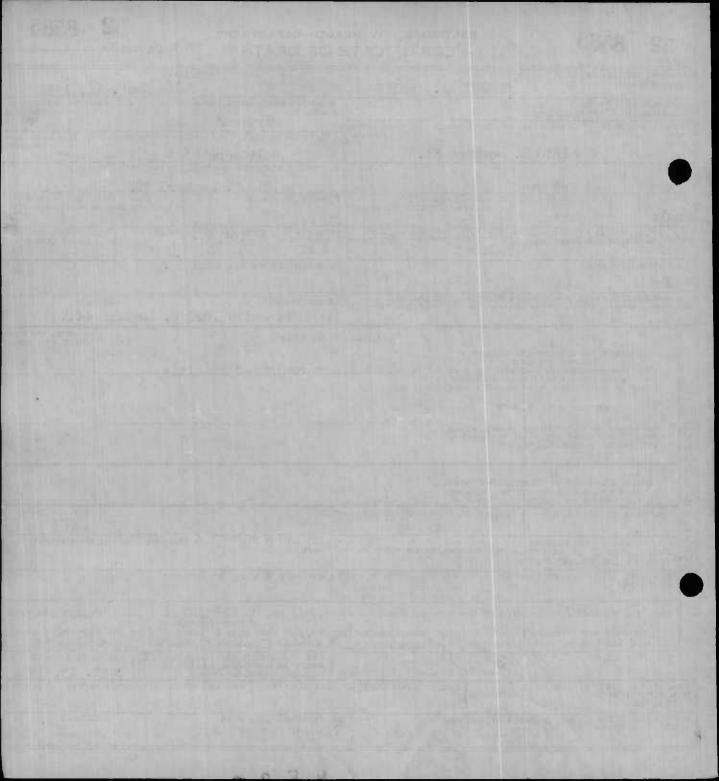


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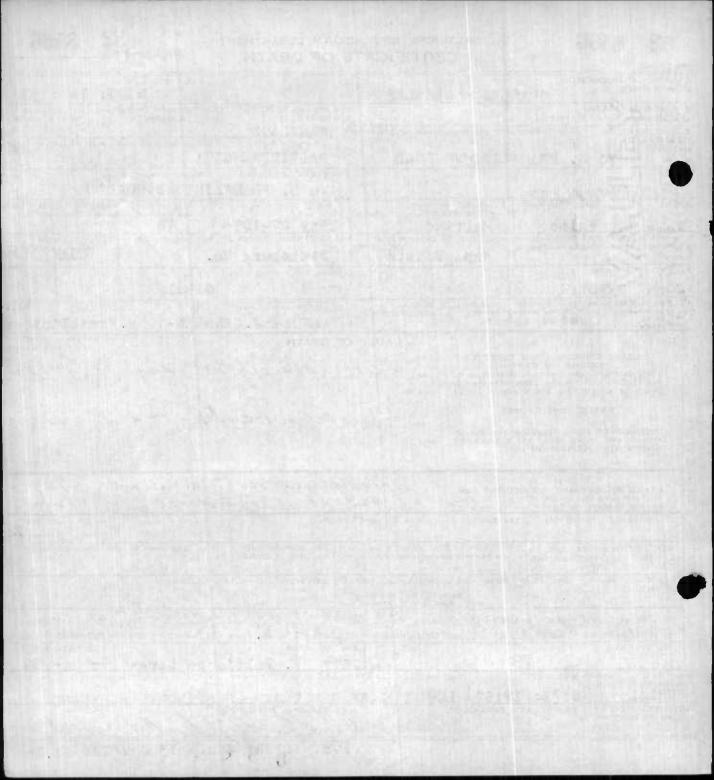
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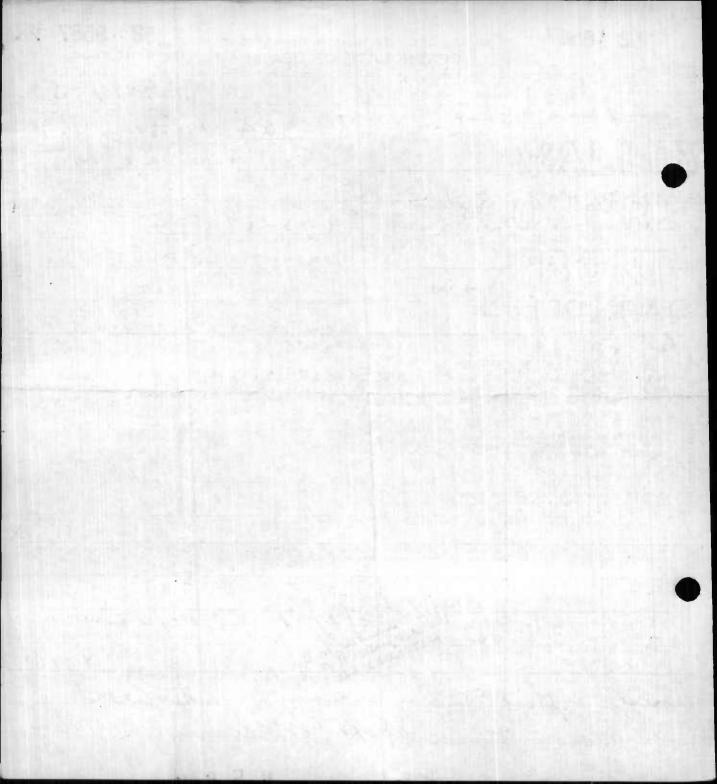


## BALTIMORE CITY HEALTH DEPARTMENT

52 8586

BIRTH NO.	CERTIFICATI	E OF DEATH REgister	eu No.
1. NAME OF DECEASED (Type or Print)		2. DATE OF C	TTP. 3.1
3. PLACE OF DEATH:	LES GENSLER	DEATH DEATH	EPT: 14: 52
A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	
B. FULL NAME OF (If not in hospital HOSPITAL OR	al or institution, give street address or location)	MARYLAND	1
INSTITUTION	LINTOWN ROAD	BALTIMORE CITY	limits, write RURAL and giv township
70 S. FRANK	LINIOWN ROAD Yrs.	D. STREET ADDRESS (If rural, give location	0 0 7
c. Length of stay in Baltimore	Mos.		OAD
5. SEX   6. COLOR OR RACE	7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE (In year	
Male White	WIDOWED, DIVORCED (Specify)  Marr1ed	May 27-1874   last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (GivekInd of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	1 12. CITIZEN OF
work done during most of working life, even if retired)	Real Estate	Pittsburg Pa.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN GENSLER		? GIESLER	. /
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates		17. INFORMANT	ADDRESS RO
NO. ******		LOUISE J. GENSLER-70	S. Franklintow
18. 415 × 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION I	DIRECTLY		ONSET AND DEATH
(This does not mean the mode of	dying, e.g., (A) ACUT	e edema of the lung	5 //Vhes
heart failure, asthenia, etc. It mean lnjury or complication which ca			
ANTECEDENT CAUS	ES OI	1:1:	
Z DISEASES OF CONDITIONS	(B) Chro	nic myocarditis the	equite 55 yrs
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO		
UNDERLYING CONDITION LAS	(C)		
	1.1	2 - 6 6 6	
OTHER SIGNIFICANT CONDIT	TIONS CON. ITTEL	iosclerosis generalis	ca syrges
O TO THE DISEASE OR CONDITION	CAUSING IT.	val Thrombosis	112mos
	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
STA ACCIDENT WAS LINDED	218. PLACE OF INJURY (e. g., in	or   21c, WHERE DID (If in Baltimore Ci	YES NO A
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	ebout home, farm, factory, etreet, office bldg., e		ty, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE		
22. I hereby certify that I atte	ended the deceased from Ap	ril 19, 19 47, to Sept. 14, 1	952, that I last saw th
deceased alive on Scot. 14	, 1952, and that death occur	red at 2:40 h. from the causes and c	m the date stated above
23A. SIGNATURE	2	3B. ADDRESS	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE		517 W. Baltimore Stre	
TION, REMOVAL (Specify)	24c. NAME of CEMETE		own, or eounty) (State)
	7:52 LOUDON PARK	CEMETERY BALTIMORE	MARYLAND
LOCAL REGISTRAR	to Williams M.F.	25 FUNERAL DIRECTOR	ADDITESS
359 16 1952   Thurles	The state of the	/ W/ upperl	You w
VS 150	0	F.B. WIPPERT SON 1300	EUTAW Pl.17
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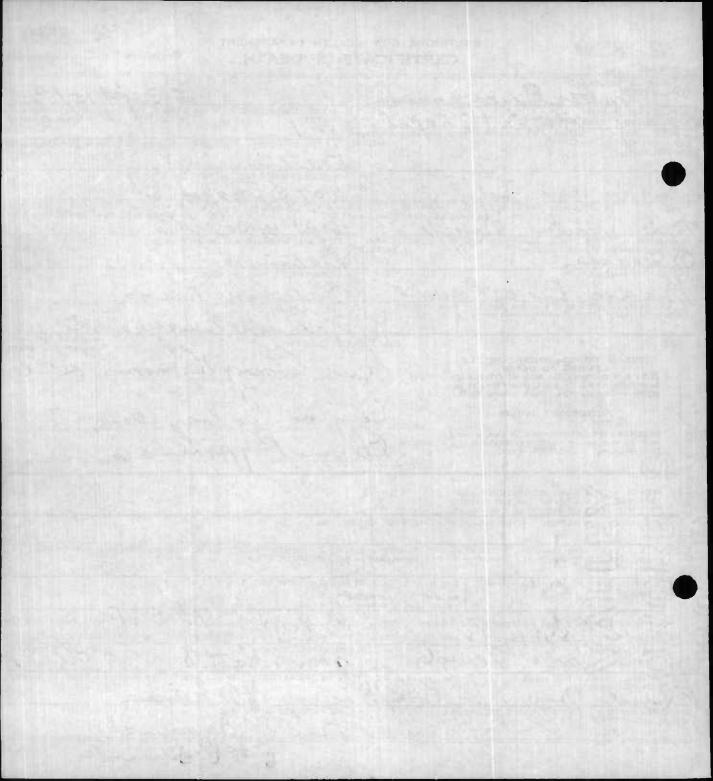


8588 52 858 BALTIMORE CITY HEALTH DEPARTMENT AB-163202 Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Harry Paul Bartles Sept. 16-1952 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Frederick Was HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave. Hagerstown D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5hrs. 220 Alexander St. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years It Under ) Year It Under 24 Hours Nonths Days Hours Min. WIDOWED, DIVORCED (Specify) Sept. 26-1935 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman Bartles Mary Hamby 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMABaltimore City Hospitaless 16. SOCIAL SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 080.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bulbar Poliomyelitis LEADING TO DEATH 5 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. QUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Tracheotomy 9-16-1952 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 9-16-22. I hereby certify that I attended the deceased from\_ 1952 and that death occurred at 9.25PM... from the causes and on the date stated above. deceased alive on 9-16-23B. ADDRESS 23A. SIGNATURE H. C. 4940 Eastern Ave. mBaltimore. Mdl 9-16-52 to less lac 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR 240. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

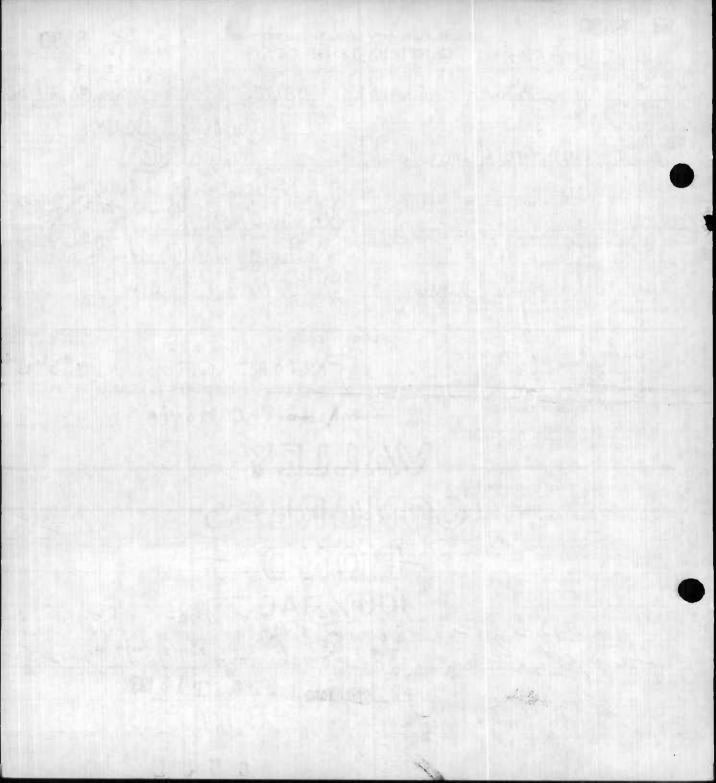
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### BALTIMORE CITY HEALTH DEPARTMENT

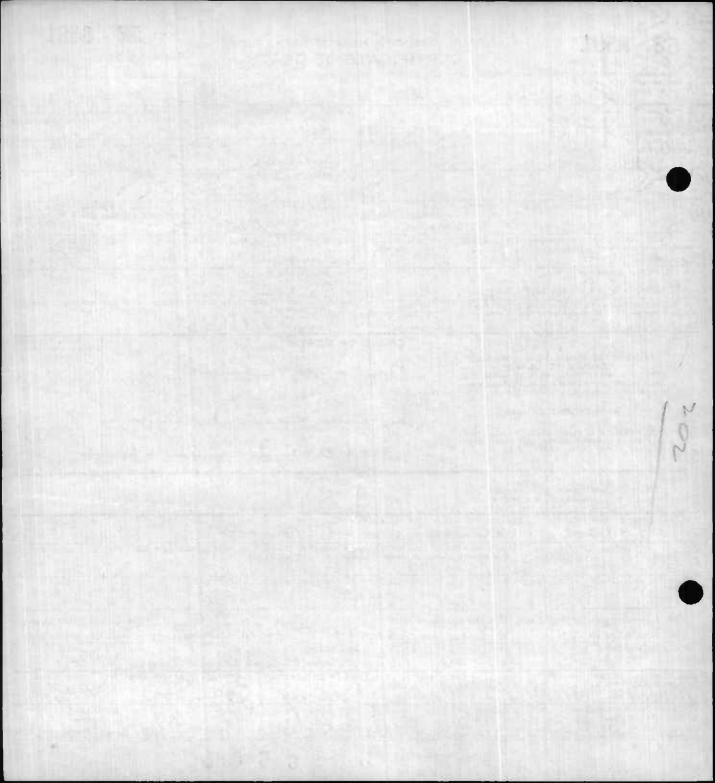
Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF 2. DATE (Type or Prin OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live .. If institution : residence A. Baltimore City, Man B. COUNT before admission) B. FULL NAME OF (If not it hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. Af rural, give location Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7 S NGLE, MARRIED 9. AGE (in years If Under 1 Year last birthday) Months Days Hours Min. IDOWED, DIVORCED (Specify) 46 11905 RTHPLAGE (State or foreign country) MUSUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF anduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? levidera FATHER'S NAME 14. MOTHER'S MAIDEN NAME ues 15. WAS DECEASED VER IN U. S. ARMED RCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN DEATH 18. CAUSE 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK WORK that I last saw the 22. I hereby certify that Lattended the deceased from\_ 19 V. and that death occurred at lo 1.m., from the eauses and on the date stated above. deccased alive on\_ 238. ADDRESS 23c, DATE SIGNED 23A. SIGNATURE 24A. BURIAL. CREMA-246. DATE 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) THON, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIR ADDRESS LOCAL REGISTRAR VS 150



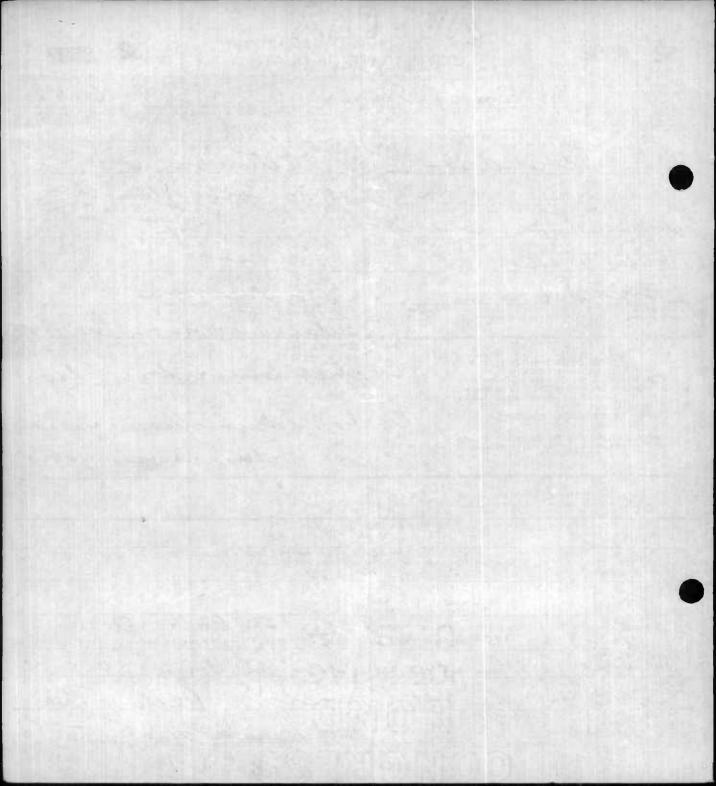
5	29		E CITY HEALTH DEPARTMENT	52 Registered No. 8590
	BIF	IRTH NO. 52-20505 CERT	IFICATE OF DEATH	Registered No.
		NAME OF DECEASED DEBORAH	AINE HAINES	2. DATE OF COT MAN 1/2 1952.
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who	B. COUNTY before admission)
	HO	FULL NAME OF (If not in hospital or institution, give str	7	Itside corporate limits, write RURAL and give
. J.	K	Esseital for romew of maryl	and nestry	township)
legibly	c.	Length of stay in Baltimore	Yrs. D. STREET ADDRESS (L ru Mos. Days	rap give location)
nu	2	SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR	RCED (Specify) S. DATE OF BIRTY 1952	9. AGE (in years last birthday) Months Days Hours Min.
cleari	10/ work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		ign country) 12. CITIZEN OF WHAT COUNTRY?
death	13	FATHER'S NAME	MOTHER'S MAIDEN NAM	TE SALL
or de	15. (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC		ADDRESS
causes	(100,	( ) Jos. Brown of Garage Street	URITY NO.	
		18. 763. 5   DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
e the		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	+ PREMATUR	174 9 ag h 33 m
write		injury or complication which caused death.) DUE		Valence of the control of the contro
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Fnysicians: please	<	RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.  (C)	то )	
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nys	CER.	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
		19A. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERATION	20. AUTOPSY7
important.	EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, a		in Baltimore City, give exact location)
ımı	Σ.	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJU. OF INJURY	RY OCCURRED 21F. HOW DID INJURY	OCCUR?
lally		m. WHILE AT WORK	NOT WHILE AT WORK	
especia		22. I hereby certify that I attended the deceased deceased alive on 9-12-1952 and that	, , , , , , , , , , , , , , , , , , , ,	causes and on the date stated above
150		23A. SIGNATURE Branch	23B./ADDRESS	Saltimore 23c. DATE SIGNED
age	24 TIO		E OF CEMETERY OR CREMATORY 24. LOC	CATION (City, town, or county) (State)
correct	DA	ATE RECEIVED BY   REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR	ADDRESS
00	SE	EP 1992 Huntington William	s, M.P. Huntington Will	iacus, M.P.
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52 8591 BALTIMORE CITY H	SEALTH DEPARTMENT 52 8591
	FE OF DEATH Registered No.
BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print) anothy acut	2. DATE OF DEATH 9-16-22
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE, B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	or Md
Frankly Seven Home.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1 3500 Helton Ral
WIDOWED, DIVORCED (Specific	
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	12-5-1875 76 9 11
work done during most of working life, even if retired)  INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moses Jampay	Ganesse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Unknam unknam	Hospital Chart
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	manage & dolum
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
	insum Cardes - Jascolo Vinn
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	70 40 00
UNDERLYING CONDITION LAST.	inorna Thon, Miny Studen 1 egg
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	mar. Bladoly
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg CAUSE OF DEATH	,etc.) INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	19 , to 9/16 , 195 , that I last saw the
deccased alive on 9/16, 1951. and that death occu	
23A. SIGNATURE	Frankle Grange (Am. 9/16/5)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	
Bureas 9/17/1952 Windows	mill Del Salt. hus.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Juntington Williams M.P.	teck Lewis Sm 2100 Eutan I'C
VS 150	
11 27	8 5 8 6



BALTIMORE CITY HEALTH DEPARTMENT 8592 Registered No. 8500 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs Fanny OF c) im our DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Incation) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location Yrs. c. Length of stay in Baltimore Days 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED H Under 24 Hours WIDOWED, DIVORCED (Specify) last Virthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTAD ACE (State or foreign country) 12. CITIZEN OF work dond during most of working life, even if betired) INDUSTRY WHAT COUNTRY? Bella Wes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MACUN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 1 198, MAJOR FINDINGS OF OPERATION 20. AUTOPST 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE ATÍ NOT WHILE! 1952 to\_ . 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ 1952 and that death occurred at\_ 6.m., from the causes and on the date stated above. deceased alive on 9 234. SIGNATURE exour 24. JURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY wrea DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR LOCAL\_REGISTRAR VS 150



8593 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 55 - 1 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 30/40 Yrs. D. STREET ADDRESS He rural, give location) 30 mu c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Male 10A. USUAL OCCUPATION Givekind of TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME wollace d:Nwood Sampson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Thematuril RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE OEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL NO 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 114 39 5700 22. I hereby certify that I attended the deceased from. . 196 2-that I last saw the deceased alive on 9/2 1972, and that death occurred at\_ 2. m., from the causes and on the date stated above. 23A. SIGNATURE 236 23c. DATE SIGNED M. O. 24A. BURIAL, CREMA-A4C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

25. FUNERAL DIRECTOR

ADDRESS

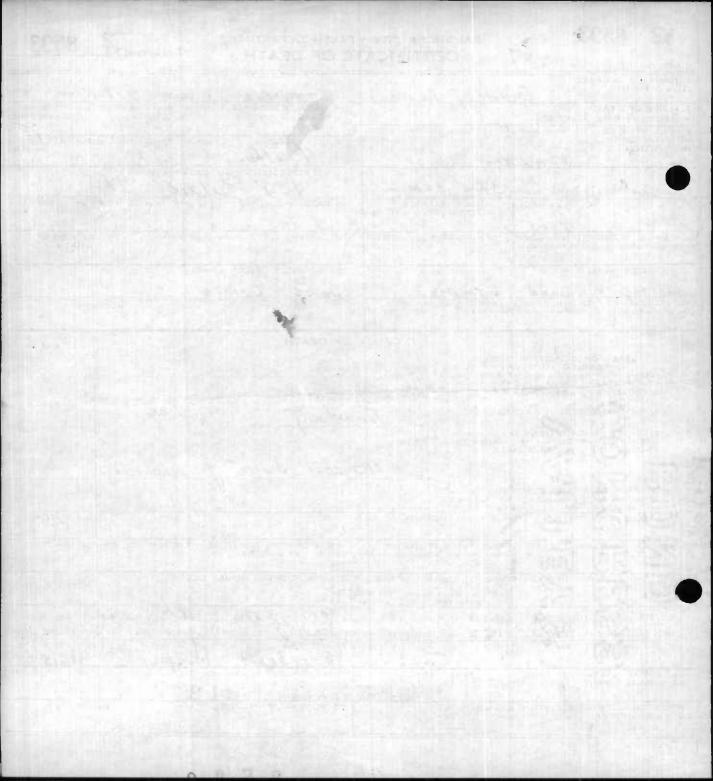
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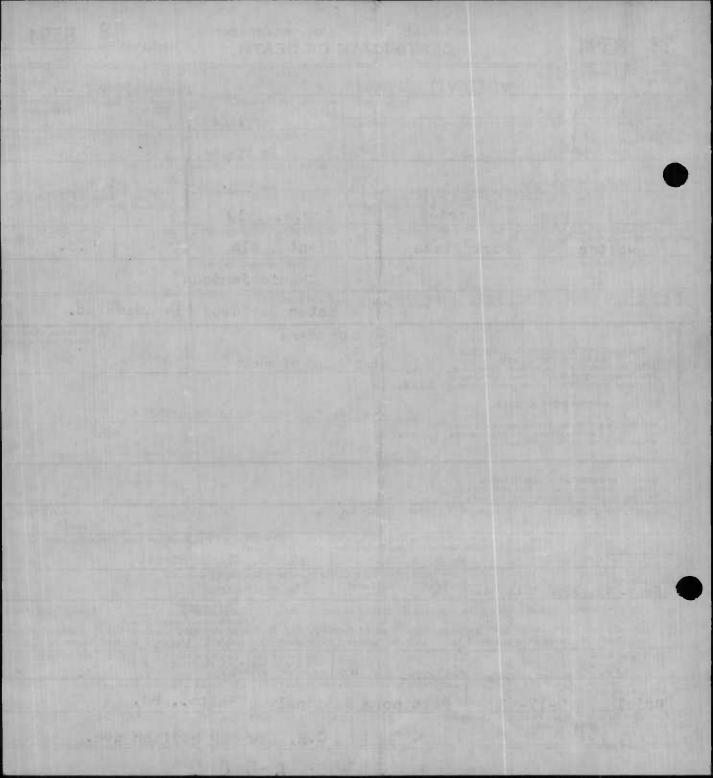
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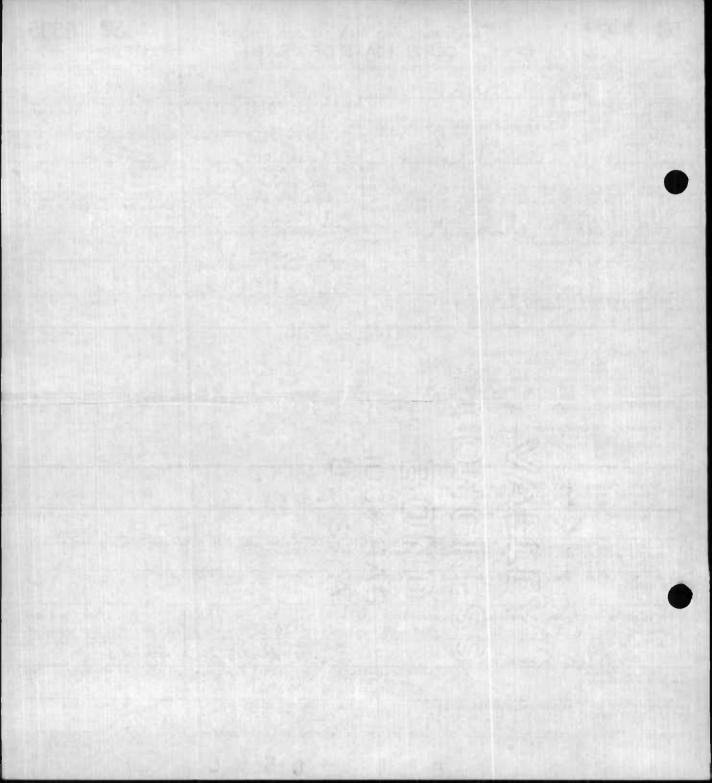
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REGISTRAR'S SIGNATURE

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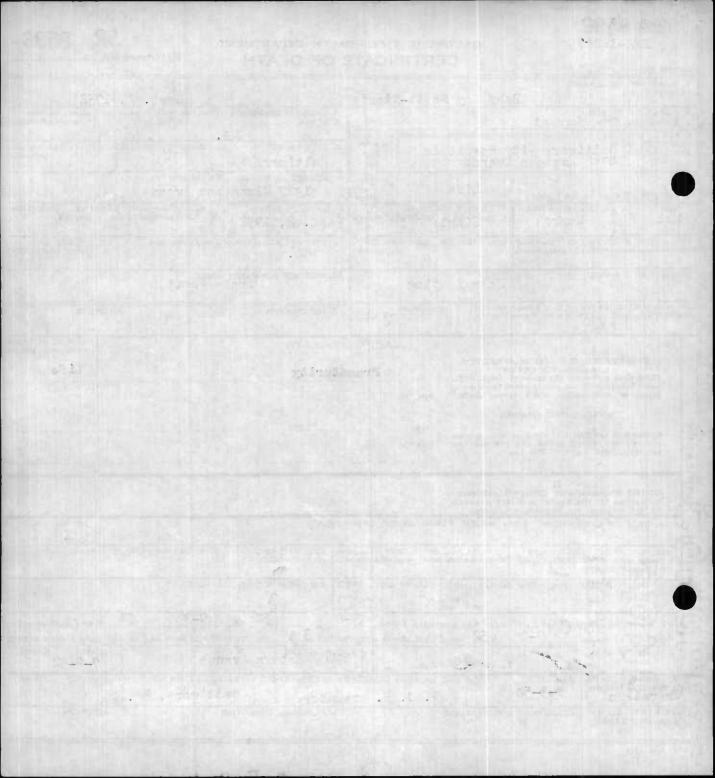






BALTIMORE CITY HEAL	TH DEPARTMENT	52	8596
CERTIFICATE (	OF DEATH	Registered No.	

	NAME OF D ype or Print)		aby Boy	Scott-Minnie		2. DATE	. 1952
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE	CE (Where deceased lived, B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals  4940 Eastern Avenue					c. city or town  Baltimore	(If outside corporate lin	nits, write RURAL and give township)
	Length of s	tay in Baltimore	Lii	Yrs. Mos. Days		(If rural, give location) ndson Avenue	
	Male	6. COLOR OR RACE	7. SINGLE	E. MARRIED. (ED DIVORCED (Specify)	Sept. 2, 1952	9. AGE (In years last birthday)	Months Days Hours Min.
10 work	A. USUAL OC doneduring most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	John H	Ceating	14. MOTHER'S MAIDE	nie Scott	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 77	6 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA's not mean the mode of the complication which complication	fH f dying, e.g ns the diseas	e. (A)	naturity		Life
CERTIFICATION	ANTECEDENT CAUSES  (B)						
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.0			
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER CONTRIBUTING	218. PLA	ACE OF INJURY (e. g., in form, factory, street, office bldg., e	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		JURY OCCUR?	
	22. I hereb	y certify that I att live on 9-2	cnded the	^	-2 red at 8 A m., fr		2, that I last saw the the date stated above.
	23A. SIGNA	TURE	Ell		3B ADDRESS	venue	23c. DATE SIGNED
24 TIC	A. BURIAL, N. REMOVAL (S PERATIO	CREMA- Specify) 24B. DATE 9-3-52	0	B. C. H. Cr		4D. LOCATION (City, tow Baltimore, Md.	on, or county) (State)
	ATE RECEIVE		SSIGNATU		25. FUNERAL DIRECT	TOR	ADDRESS



### BALTIMORE CITY HEALTH DEPARTMENT

52 8597

ADDRESS

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl- Wilson -idele "A" OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (H net in hospital or institution, give street address or Baltimore City Hospital pocation) Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION 4940 Bastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 34 days 816 N. Monroe St. -17 cength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. Famale Nogro 34 Aug 3. 1952 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Palmer Adele Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, uo or unknown) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 64.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Diarrhea 5 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK Sept. 5 22. I hereby certify that I attended the deceased from Aug. 3 19 52 to . 19 52 that I last saw the 19 52, and that death occurred at 12.05 mayrom the causes and on the date stated above. deceased alive on Sept. 5 4940 ast 23A. SIGNATURE 23c. DATE SIGNED plus obe 24A. BURIAL: CREMA-TION, REMOVAL (Specify) Cremated 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) B. C. H. Crematers 4040 Eatern Ave.

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

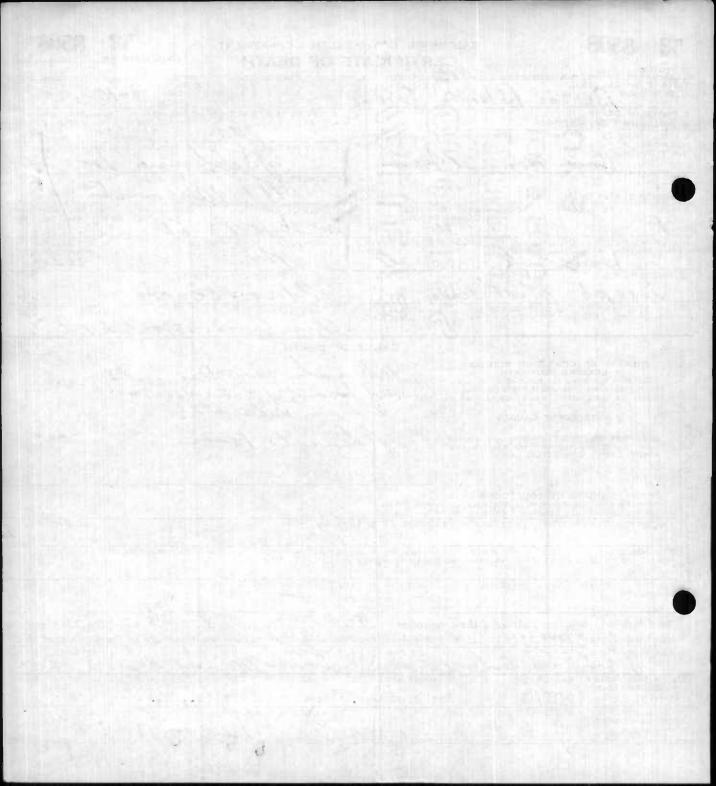
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

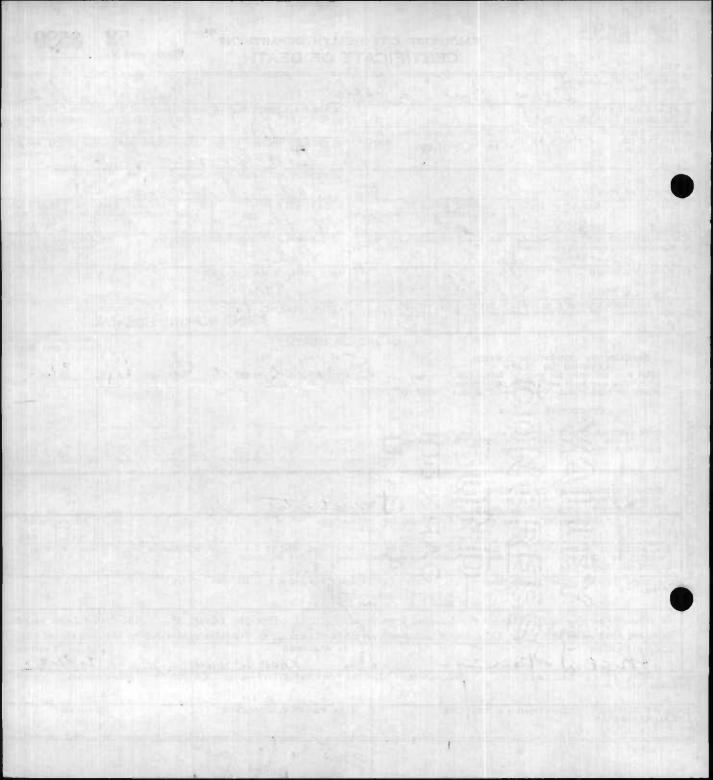
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	RTH NO.			LICTII ICATI	E OI DEATH		
(T	ype or Print)	entha la	3 lanche	Evans		2. DATE OF DEATH	-15-5-2
	Baltimore City,				4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	If institution: residence
В.	FULL NAME OF		l or institution,	give street address or		d. /-	5-0 -
	STITUTION //	· 11		location)	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give township
4	un	ion Mes	noud	Yrs.	D. STREET AODRESS	Ulf rural give location	1
	ength of stay i			Mos. Days	717	Reseva	isto.
5.	SEX 6.CC	W CLOR OR RACE	7. SINGLE, N	ARRIED. DIVORCED (Specify)	Sant. 16, 189	9. AGE (In years last birthday)	Months Days Hours Min.
10 worl	A. USUAL OCCUPA done doring most of worki	TION (Give kind of ing life, even if retired)	108, KIND 0	F BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	and p			14. MOTHER'S MAIDE	N NAME	\ \tag{2}
	Vosep.	h Mon	Falcon		alice	Severe	4
15 (Ye	. WAS DECEASED EVI	ER IN U.S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ì				SECONTI NO.	Charles Eva	no 15 Mest	al Rd.
	18. 4/16 X			CAUSE	OF DEATH		INTERVAL BETWEEN
		R CONDITION		p1	1. 11.	-0.	_
6	(This does not	DING TO DEAT mean the mode of thenia, etc. It mean	f dying, e.g.,	(A) / LACE	mar Hear	Tois made	and year
	injury or comp	olication which c	aused death.)	DUE TO Edep	with of Mi	twe Value +	
	ANT	ECEDENT CAUS	ES	am	will Film	latin	
Z	DISEASES OR	CONDITIONS, 15	ANY GIVING	(B)	1		
Ě	RISE TO THE AL	BOVE CAUSE (A)	STATING THE	DUE TO	eurali /1		
RTIFICATION							
F		II		(C)			
山山	TRIBUTING TO	FICANT CONDITHE DEATH, BUT	NOT RELATED				
U	19A. DATE OF OF	E OR CONDITION		INDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDIC	21A. ACCIDENT. S HOMICIDE (Sp	SUICIDE, pecify)		OF INJURY (e. g., i., factory, street, office bldg., c		(If in Baltimore City	y, give exact location)
Σ	21D. TIME (Mont	h) (Day) (Year)	(Hour) 21s	. INJURY OCCURR	ED 21F. HOW DID INJ	JURY OCCUR?	
	OF INJURY			LE AT NOT WHILE			
	22. I hereby cer	tifu that I att			-15-52 19 , to	9-16-5-20	, that I last saw the
	deceased alive of	n 9-15-52	19 an	d that death occur	rred at 6 36 pm., fro	m the causes and on	the date stated above
	23A. SIGNATURE	00	. 1		38. ADDRESS	11	23c. DATE SIGNED
_	15.1	(· 0 ) v	rely 1	M. J. M. D.	Union M.	enoul Hoy	0 9-15-82
71	AA. BUMAL. CREMA ON. REMOVAL (Specify	24B. DATE				D. LOCATION (City, tov	vn, or county) (State)
_	Burial	9/18/52		arkwood Cem.	OF FUNERAL GUECT	Balto., Md.	ADDRESS
	ATE RECEIVED BY	HEGISTRAR'S	SIGNATURE	11.	25. FUNERAL DIRECT	along 191.	LAND
1	EP 17 1059	Murtin	ylon IV	LALLIA- M.V.	JIMI.	monda 1	77000
	VS 150			952	0 3 7 9%	alto 17	md.
					V	"//	



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	,	59 8	599				50	0500
		1700	1	BA		EALTH DEPARTMENT	52 Registered No.	8599
	BI	RTH NO. 9	2-2540	17	CERTIFICAT	E OF DEATH	Registered No.	
	1. (T)	NAME OF E	DECEASED	1 Bo	n Litt	to -	2. DATE OF DEATH OP,	11.195-2
		PLACE OF E	City, Maryland	1	1	4. USUAL RESTDENCE (W		before admission)
	В.	FULL NAME	OF (If not in hos)	pital or institu	tion, give street address or location)		D. 0001171	belove admission)
		STITUTION	JOHNS HO	PKINS HO	SPITAL location		outside corporate limits, w	rite RURAL and give township)
10190	(	ength of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	rural, give location)	Ste
10772	5.	SEX	6. COLOR OR RAC		E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If lind last birthday) Month	er   Year   If Under 24 Hours s: Days   Hours   Min.
2	22	rale	CUPATION (Give kind	105 (11)	n or puginess on	9-11-52		3
1	work	done during most	of working life, even if retire	od)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	. CITIZEN OF WHAT COUNTRY?
1	13	FATHER'S	NAME	//	2	14. MOTHER'S MAIDEN NA	ME	
			mes o	itt	te	Mary.	,	
10.00	(Yes	, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or d	MED FORCES?	SECURITY NO.	17. INFORMANT JOHNS H	OPKINS HOSPITA	
		18. 7 4	0.5		CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEA	SE OR CONDITION		<		, /	2 1
		heart failt	s not mean the mode ire, asthenia, etc. It m complication which	of dying, e. eans the disea	se,	Warselmoil	Thurshay	Shr
			ANTECEDENT CA					
ı	ATION		S OR CONDITIONS			***************************************	***************************************	***************************************
	ATI		THE ABOVE CAUSE (A		HE DUE TO			
	FIC				(0)			
	RTI		II SIGNIFICANT CON					
	GEI		TO THE DEATH, BUISEASE OR CONDITION			vetwity		
	. 1	19A. DATE	OF OPERATION	19B. MAJOF	FINDINGS OF OPE	RATION		20. AUTOPSY?
	DICAL	21A. ACCUE	ENT WAS UNDER	218 PI	ACE OF INJURY (e. g.,	In or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
	MEDI		R CONTRIBUTING		farm, factory, street, office bldg.		The state of the s	
		210. TIME OF INJURY	(Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR		OCCUR?	
				m.	WHILE AT NOT WHILE		1	
		22. I herel	y certify that I o	ttended the	e deceased from	1952, to		hat I last saw the
		deccased a	live on	/, 19_52	and that death occu	rred at ] 23 m., from th	he causes and on the	
Н		23A. SIGNA	TURE T	DA - A .		JOHNS HOPKI		9-11-5
	24	A. BURTAL.	CREMA- 24B. DATE		7 M. D.   24C. NAME OF CEMETE		CATION Will, town, or	
	TIC	N, REMOVAL	Specify)		HOSP.	Disposal		
		TE RECEIVE		R'S SIGNAT	URE	25. FUNERAL DIRECTOR	А	DDRESS
	212	P 1 7 18	52 Huntin	ston W	diacus, M.P.			
		VS 150	444	0 .		signitul Dispo	0	
1				*	7 5 : 16	a de la constante de la consta		

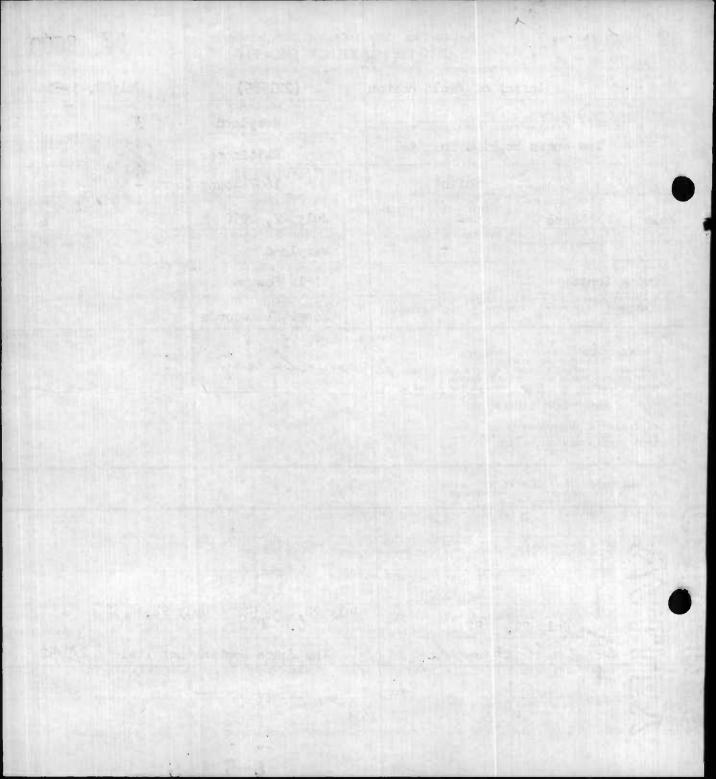


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Infant of Viola Boston July22. 1952 (221585) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION The Johns Hopkins Hospital (ownship) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1607 Young Court - 5 ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) July 22, 1952 Male Negro 6 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Viola Boston Irving Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Hospital Records 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY maturely LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK July 22, 19 52 that I last saw the 22. I hereby certify that I attended the deceased from July 22, deceased alive on July 22, 19 52, and that death occurred at 4.45 m., from the causes and on the date stated above. 238. ADDRESS 8/5/52 The Johns Hopkins Hospital 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR unlington

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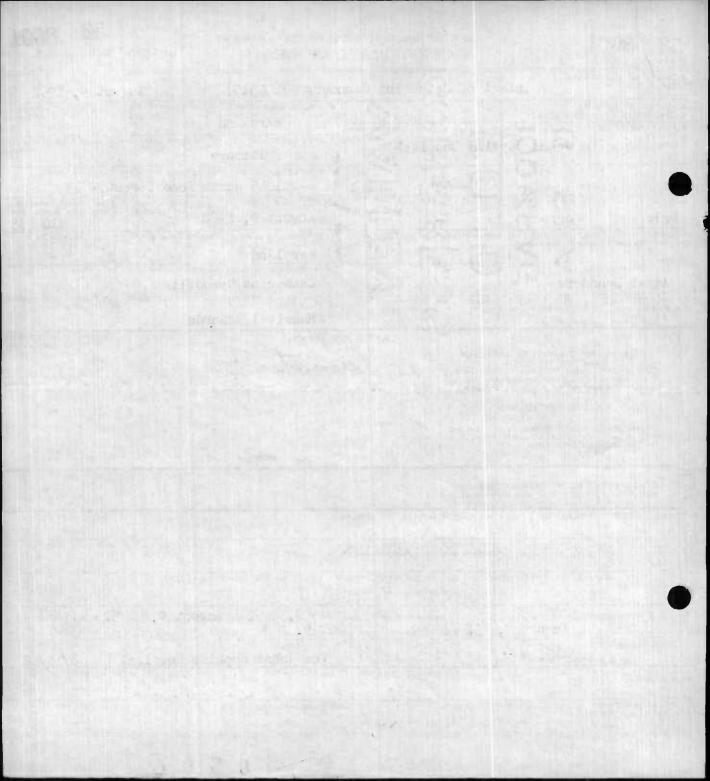


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

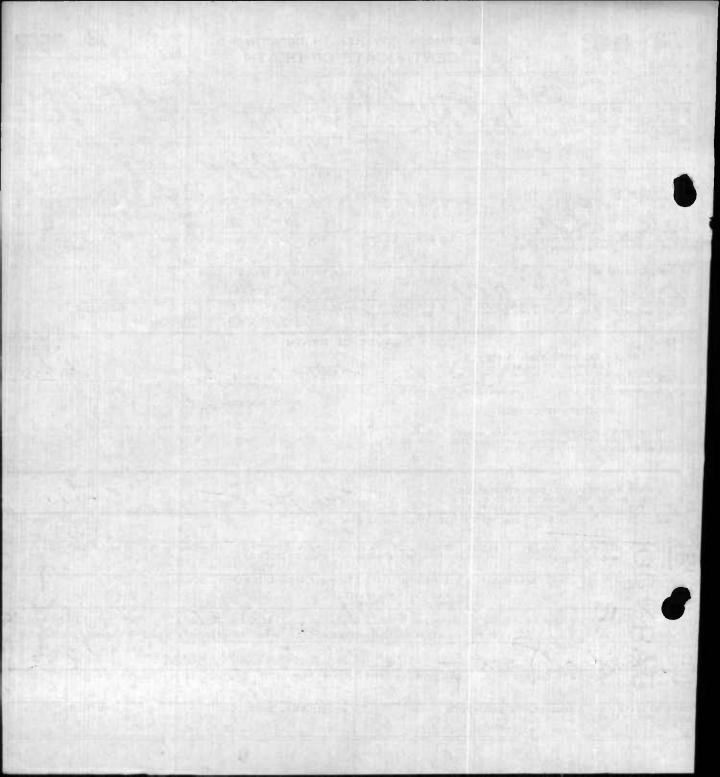
52 8601 Registered No.

BI	RTH NO. 6 - 10701						
(T		fant of	Catherine Sau	nders )205310) 2. DATE OF DEATH Augus	st 9, 1952		
B. HC	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit SSPITAL OR STITUTION The Johns Ho		tion, give street address or location) Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore towns  D. STREET ADDRESS (If rural, give location)			
	ength of stay in Baltimore	In	fant Yrs. Mos. Days				
]	sex 6. COLOR OR RACE  Male Negro	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	August 9, 1952 last birthday) Mor	Under I Year If Under 24 Hours nths Days Hours Min.		
work	A. USUAL OCCUPATION (Give kind of done during most of worklog life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY		
	James Saunders			14. MOTHER'S MAIDEN NAME Catherine Campbell			
(Yes	. WAS DECEASED EVER IN U.S. ARME , no or unknown) (If yee, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Hospital Records	DDRESS		
CERTIFICATION	DISÉASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of the mode of t	TH of dying, e.: ans the disease caused death  SES  F ANY, GIVII STATING TI ST.  ITIONS COI NOT RELATI	(B)	ematurity			
	19A. DATE OF OPERATION 0	98. MAJOR	FINDINGS OF OPER	PATION	20. AUTOPSY?		
MEDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	nto.) INJURY OCCUR?	rive exact location)		
	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) m.	2 IE. INJURY OCCURRING WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?			
TIO	22. I hereby certify that I att deceased alive on August 23A. SIGNATURE  A. BURIAL, CREMA- N, REMOVAL (Specify)  TE RECEIVED BY CAL REGISTRAR  CAL REGISTRAR	9,39 52.	and that death occur  M. D.  24C. NAME OF CEMETE	red at 9.00 Rm., from the causes and on the causes and on the Courses The Johns Hopkins Hospital RY OR CREMATORY 24D. LOCATION (City, town.	ae date stated above 23c. DATE SIGNED 8/13/52		
-	VS 150		0 4				

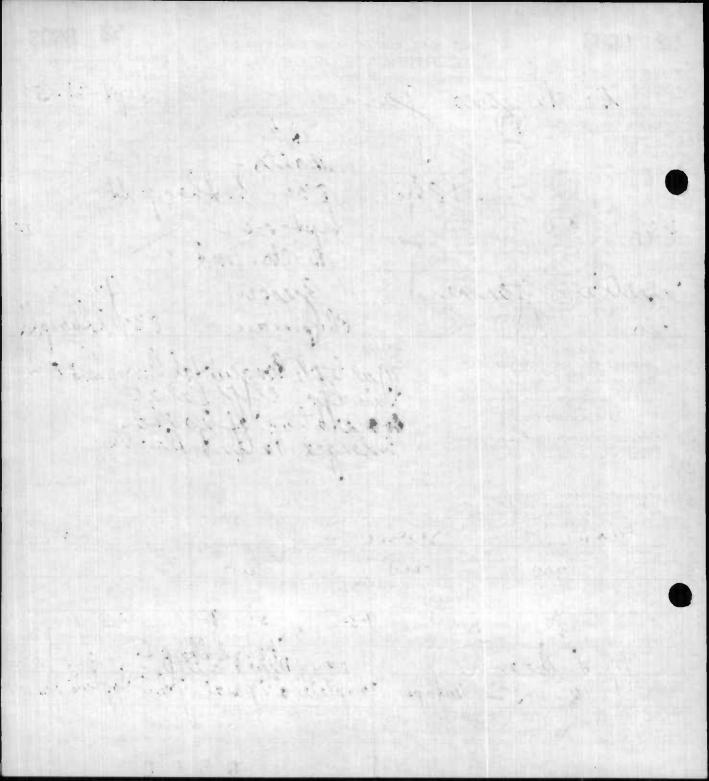
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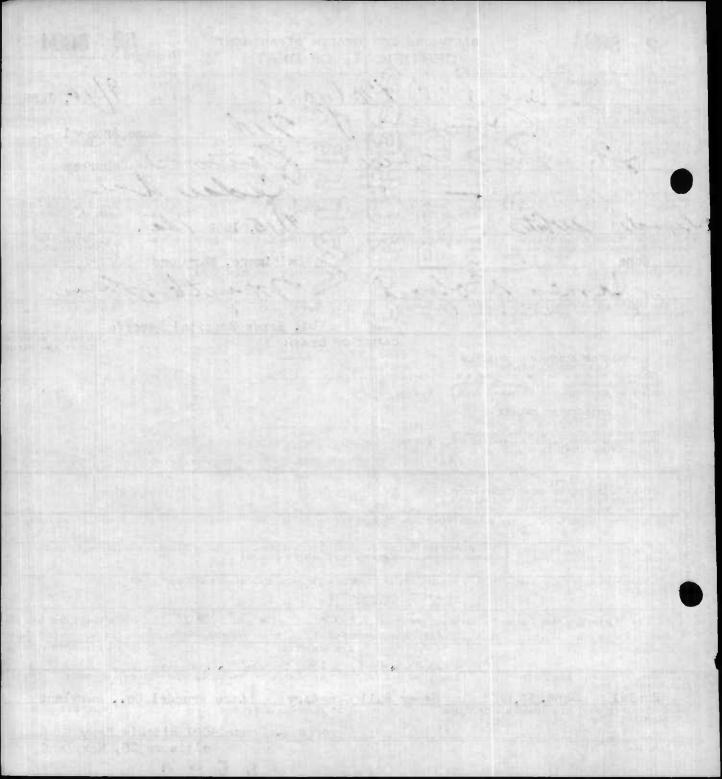
52 86	02	BAL	TIMORE CITY H	EALTH DEPARTMENT		52 8602
BIRTH NO. 5	2-277	78	CERTIFICAT	E OF DEATH	Registered N	No.
1. NAME OF DEC (Type or Print)	EASED Ba	by i	Boy 0.7	enl	2. DATE OF DEATH ABOUT	7-1950
3. PLACE OF DEA A. Baltimore Cit	ty, Maryland	11/2	Pre	4. USUAL RESIDENCE (		institution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION			ion, give street address of location	\	f outside corporate limit	s, write RURAL and give
	JOHNS HOP	KINS HOS	PITAL Yrs.	D. STREET ADDRESS H	Frural sive location	to(vnship)
	y in Baltimore		Mos. Days	17426.	Balter	none St.
male -	White	WIDOW	E, MARRIED, ED, DIVORCED (Specify	9-6-5-2	last birthday) Mo	nths Days Hours Min.
work done during most of w	JPATION (Give kind orking life, even if retire	lof 10s. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NA	is O	'hei	e	14. MOTHER'S MAIDEN N	NAME	
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARM (If yee, give war or de	IED ORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKIN		DDRESS
1B. 760.			CAUSE	OF DEATH		INTERVAL BETWEEN
L.	OR CONDITION EADING TO DE ot mean the mode	ATH	(A)	Intracracio	1.	14 600
heart failure,	, asthenia, etc. It m omplication which	neans the disease	e,	Attracrania / Lemont		
	NTECEDENT CAL	USES	(B)		ete.	
RISE TO THE	OR CONDITIONS, E ABOVE CAUSE (A NG CONDITION	A) STATING TH	IG			
4	to constituent	LAST.	(C)			
	II INIFICANT CON	DITIONS CON		1)		
						of:
O TO THE OISE	O THE DEATH, BU		D	Frematurity		Lie
19A. DATE OF	EASE OR CONDITIO	ON CAUSING I	D		7	ZO. AUTOPSY? YES NO D
TO THE OISE  19A. DATE OF  21A. ACCIDEN  LYING OR DE	OPERATION OF THE PROPERTY OF T	198. MAJOR	Т	RATION	(If in Baltimore City, g	YES NO
19A. DATE OF  19A. DATE OF  21A. ACCIDEN LYING OF CAUSE OF DE	OPERATION OF THE PROPERTY OF T	ON CAUSING I	FINDINGS OF OPERATE OF THE PROPERTY OF THE PRO	in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	YES NO
TO THE OISE  19A. DATE OF  21A. ACCIDEN LYING OR CAUSE OF DE  21D. TIME (Mo	OPERATION O NOT WAS UNDER CONTRIBUTING	ON CAUSING I	FINDINGS OF OPERATE OF THE PROPERTY OF THE PRO	in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJUR  (4) 1952 to	(If in Baltimore City, g	YES NO
TO THE OISE  19A. DATE OF  19A. ACCIDEN  LYING OR OF  CAUSE OF DE  21D. TIME (Mo  OF INJURY)  22. I hereby of  deceased aliv	OPERATION O  NT WAS UNDER CONTRIBUTING EATH  onth) (Day) (Yes certify that I are on 1/2	ON CAUSING I	FINDINGS OF OPERATE AT WORK  deceased from and that death occur	in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJUR  (p , 1952 to	(If in Baltimore City, and occurs)	YES NO
TO THE OISE  19A. DATE OF  19A. ACCIDEN  LYING OR O CAUSE OF DE  21D. TIME (Mo OF INJURY)  22. I hereby of deceased aliv  23A. SIGNATU	OPERATION O  NT WAS UNDER CONTRIBUTING EATH  onth) (Day) (Yes certify that I are on	ar) (Hour)  nuttended the	FINDINGS OF OPER  CCE OF INJURY (e. g., arm, factory, street, office bldg., arm, factory arm, factory, street, office bldg., arm, factory,	RATION  in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURE  21f. HOW DID INJURE  10 19 13 to 10 mm., from 23b. ADDRESS  JOHNS HOPKIN	(If in Baltimore City, and an expectation of the causes and on the Shoppital Shoppital City of the causes and city of the city of	yes No
TO THE OISE  19A. DATE OF  19A. ACCIDEN  LYING OR OF  CAUSE OF DE  21D. TIME (Mo  OF INJURY)  22. I hereby of  deceased aliv	OPERATION O  NT WAS UNDER CONTRIBUTING EATH onth) (Day) (Yes certify that I are on I	ar) (Hour)  nuttended the	FINDINGS OF OPER  CCE OF INJURY (e. g., arm, factory, street, office bldg., arm, factory arm, factory, street, office bldg., arm, factory,	in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJUR  (p) 1952 to 1972 t	(If in Baltimore City, and an expectation of the causes and on the Shoppital Shoppital City of the causes and city of the city of	yes No
TO THE OISE  19A. DATE OF  21A. ACCIDEN LYING OR CAUSE OF DE  21D. TIME (MO OF INJURY)  22. I hereby of deceased aliv  23A. SIGNATU	OPERATION O  NT WAS UNDER CONTRIBUTING EATH Onth) (Day) (Yes certify that I are on 1)  EMA- 248. DATE EMA- 248. DATE	ar) (Hour)  nuttended the	FINDINGS OF OPER  ACE OF INJURY (e.g., arm, factory, street, office bldg  21E. INJURY OCCURF  WHILE AT NOT WHILE AT WORK  deceased from and that death occur  M. D.  24C. NAME OF CEMETE	RATION  in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURE  21f. HOW DID INJURE  10 19 13 to 10 mm., from 23b. ADDRESS  JOHNS HOPKIN	(If in Baltimore City, and an expectation of the causes and on the Shoppital Shoppital City of the causes and city of the city of	yes No



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52 8603 BALTIMORE CITY H	EALTH DEPARTMENT 52 8	3603
	E OF DEATH Registered No	
1. NAME OF DECRASED (Type or Print)	2. DATE SONT-1	1 - 57
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution	
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address on		ore admission)
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RU	JRAL and give township)
Yrs.	D. STREET ADDRESS (If rarak give location)	
c. Length of stay in Baltimore   8 km · Days   5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		1 W H-1 - 04 H-1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birt day) Months: Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BRTHPLACE (State or foreign country) 12. CITIZ WHA	ZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Garner	gresser your	ier
15. WAS DECEASED EVER IN U. S. ANMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	Physician 834 XX	enost.
18. 754.1 CAUSE		VAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tolo Consider Villenabers	7 his
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	De Alla Red att	· · · · · · · · · · · · · · · · · · ·
ANTECEDENT CAUSES		
Z DISEASES OR CONDITIONS, IF ANY, GIVING	example of nontex	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	uged racket accuracy	
[C)	( )	
19A DATE OF OPERATION LISE MAJOR FINDINGS OF OPE		AUTOPSY?
3 none 1 none	in or   21c. WHERE DID (If in Baltimore City, give exact	
21A. ACCIDENT. SUICIDE.    O		location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS		
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	, 10 m, crows 1	
deceased alive on 7-3 1952 and that death occu		tated above.
M. L. Womer / M.D.	1944 Die & This ton 1 1-	5-57
24A. BURIAL, GREMA- 24B. DATE TION, REMOVAL (Specify) 7 4-52 JUNE 101	uple a latto al fluido for lan	His p
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Williams, M	1/25. FUNERAL DIRECTOR VADDRES	ss V
VS 150		
<u> </u>	20008598	



. 15	4	63				X	
		52 8	8604	BALTIMORE CITY HE	EALTH DEPARTMENT	52 Registered No.	8604
	BI	RTH NO.	52-21666	CERTIFICAT	E OF DEATH	Registered No.	
I		NAME OF Dype or Print)	DECEASED	krist, Bo	lund	2. DATE OF DEATH	16 1052
		PLACE OF E	DEATH: City, Maryland	It Cane	4 USUAL RESIDENCE (WE		stitution; residence before admission)
	B. I	FULL NAME		institution, give street address or location	1/10.	Anne Ar	undel
Į.	fN	STITUTION	4. Ugne	Naso	Date:		township)
2		anoth of	stor in Poltimone	Mrs.	D. STREET ADDRESS (If re	ural, give location)	2 2400
		SEX	stay in Baltimore 6. COLOR OR RACE 7.	Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   If Un	der 1 Year   If Under 24 Hours ha; Days   Hours; Min.
	1	male	white		9/15, 1952	Ida.	0 0 0 0 0
4	work	done during most	CCUPATION (Give kind of of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
2.112	13	None . FATHER'S	NAME	vo 1 x	Baltimore M	aryland	,
ttari			ames /	Tolyand	John Mil	the To	an
10.0	(Yes	, no or unknown	ED EVER IN U. S. ARMED FO (If yes, give war or dates of s	RCES? 16, SOCIAL SECURITY NO.	17. INFORMANT		RESS
akrint		18. 77	6 ×	CAUSE	St. Agnes Hosp OF DEATH	ortal necords	INTERVAL BETWEEN
ווה כי			SE OR CONDITION DIR	ECTLY			ONSE! AND DEATH
1 911		heart fail	s not mean the mode of dy are, asthenia, etc. It means the complication which cause	he discase,	Jeunland	***************************************	
AM.			ANTECEDENT CAUSES	deamy Doe 10			
please	NO		S OR CONDITIONS, IF AN				
_	ATI		THE ABOVE CAUSE (A) STA YING CONDITION LAST.	(C)			
nan	IFIC		П				
ysicians:	ERT	TRIBUTIN	SIGNIFICANT CONDITION TO THE DEATH, BUT NOT	RELATED			
4	U		OF OPERATION 198.	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
ant.	CAI	011 ACCII	0   11	218. PLACE OF INJURY (e.g., i	in or   21c, WHERE DID (If	in Baltimore City, giv	YES NO
important.	1EDI	LYING C	R CONTRIBUTING   ab	out bome, farm, factory, street, office bldg.,		in Darming City, go.	
y im	2	21D. TIME OF INJURY	(Month) (Day) (Year) (Ho			OCCUR?	
iall				m. WHILE AT NOT WHILE		0.44	
especia			live on LAA	led the deceased fromI 9\$1., and that death occur		e causes and on the	
1s e		23A, SIGNA			23B. ADDRESS		23c. DATE SIGNED
age		A. BURIAL,		24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	CATION (City, town, or	9-12-12 county) (State)
	TIO	N. REMOVAL (	Specify			Arundel Co.,	Maryland
correct		TE RECEIVE	D BY   REGISTRAR'S S		25. FUNERAL DIRECTOR	A	DDRESS
	- 17	SEP 17	1952 Tuntingto	m Williams, M.P.	George J. Gonce 40		
		VS 150				altimore 25, 1	Maryland
				The fine	8 5	4 4	



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VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8605
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF Rebecca Allen Sept. 12, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR 1517 Presstman St. location) (If outside corporate limits, wile RURAL and give INSTITUTION township) Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos 1517 Presstman St. c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | II Under 24 Hours | Indee 24 Hours | Indee 24 Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Apr 17, , 1861 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY None Md-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO. Albert Allen 1517 Presstman St. none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Mars. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CA 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE. WORK L AT WORK 22. I hereby certify that I attended the deceased from 1952that I last saw the 1952, and that death occurred at 113 Am., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23. SIGNATURE 8162. Mo 24C NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 24A. BURIAL CREMA-Balto. Md. Auburn Burial ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St.

THE RESIDENCE OF THE REAL PROPERTY OF THE PARTY OF THE PA  otalhedical Examinors, base BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BUTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ) Delember 4. USOAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limitar write RURAL and give JOHNS HOPKINS HOSBITAL Umare D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 9. AGE (In years If Under 1 Year last birthday) | Months; Days | Hours : Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY mur 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from. , to. ., 19\_\_\_, that I last saw the ., and that death occurred at 1:40 m., from the causes and on the date stated above. deceased alive on\_ 19\_ 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE HOPKING HOST Land M. D. 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or eounty) 24A. BURIAL, CREMA-TUN, REMOVAL (Spenify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAK'S SIGNATURE LOCAL REGISTRAR VS 150 Zyaminer

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8607

Registered No.

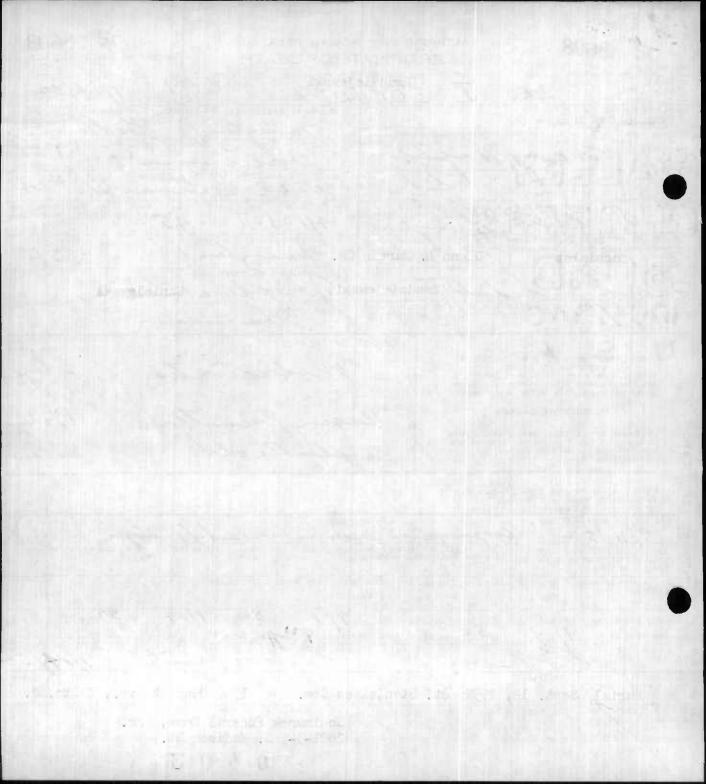
BI	RTH NO.							
	NAME OF E		VAR	TES STIPS,	4K	OF DEATH SEPT	15,1952	
Α.		City, Maryland			4. USUAL RESIDENCE (V	B. COUNTY	before admission)	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN (If	BALTIM	ORE	
	STITUTION	UNION MEM	BRIAL		BACTIMORE	outside corporate limits,	township)	
7	7			Yrs.	D. STREET ADDRESS (If			
G.	Length of s	stay in Baltimore		46 yrs. Mos.	624 E. 307	4 ST. 1#18		
_	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	19. AGE (In years) HU	nder 1 Year II Under 24 Hours ths: Days Hours: Min.	
1	MALE	WHITE		RRIED (Specily)	MAY 26, 1894	58	Days Hours Ism.	
		CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   1	2. CITIZEN OF WHAT COUNTRY?	
	BAN		Koest	er's Bakery	CZECHO-SLOVA	KIA	U.S.A.	
13	. FATHER'S	NAME .			14. MOTHER'S MAIDEN N.	AME		
		L STIPSAK			MARIA DUR.	AK		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS	
	NKNOWN				PATIENT	e distribution		
	18. 47	o, 1 and	581.	/ CAUSE	OF DEATH		INTERVAL BETWEEN	
		SE OR CONDITION	DIRECTLY				2 400	
		s not mean the mode	of dying, e.		ARDIAL INFARC	TION	3 HRS	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING							
E	RISE TO	THE ABOVE CAUSE (A)	STATING T					
IC	TOY LET							
F		H		(C)				
CER	* TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED LAFAINF	c's CIRRHOSIS,	ESOPHAGEAL VAL	शदहड	
	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
V			1 24 21		Lore Willege Dip	If in Politicana City oi	YES NO	
1EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)	
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I herei	by certify that I at	tended the	deceased from SE	PT 14 , 1952, to S	EPT 15, 1953	that I last saw the	
	deceased a	live on SEPT 13	, 19 52	and that death occur	rred at 5 Am., from t	he causes and on the	e date stated above.	
	23A SIGNA	TURE	20	2	UNION MEMORY	. Managira	23C. DATE SIGNED	
-	10 PIIDIAN	CREMA- 248. DATE	27	M. D. J 24C. NAME OF CEMETE		OCATION (City, town, o		
Ti	ON, REMOVAL	Specify)						
D	Burial	Dept.18,		Oak Hill Cemet	25. FUNERAL DIRECTOR	er's Lane, Bal	to.Md. ADDRESS	
	DCAL REGIS	TRAR	1	Villiaus, M.P.	Schimunek Funera			
=	SED I	1 13361 mer low	glow V	Musica 1		ison St.A		
	VS 150		Q	, 9 55	204408	0		
				J 707	- / /			

. Street of the street of the way 

4	53.2	8608			ALTH DEPARTMENT	Registere	52 d No.—	8608
1.	NAME OF Di ype or Print)	ECEASED LEC		Zmudziej		2. DATE. OF	9/1-	4/52
Α.		EATH: City, Maryland		201107	4. USUAL RESIDENCE (WA. STATE	DEATH Where deceased lived		ution: residence before admission)
H	SPITAL OR ISTITUTION	OF (If not in hospit	al or institution.	give street address or location)	c. CITY OR TOWN (If	outside corporate l	inits, writ	te BURAL and give township)
7	ngth of st	tay in Baltimore	02	Yrs. Mos. Days		rural, give location	1	#24
5.	mele	6. COLOR OF RACE		ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH 4/23/07	9. AGE (in years last hinthday)	Months 1	Year Munder 24 Hours Days Hours Min.
worl	k dooe during most o	CUPATION (Givekind of f working life, even if retired) chinist	Glenn	L. Martin C	11. BIRTHPLACE (State or fo	oreign country)	12.0	TITIZEN OF
13	RATHER'S N	& Jr. Le	lults	Zmudziejewsk	14. MOTHER'S MAIDEN N.	0: 1 2	wska	
15 (Ye	, mo or uoknowo)	D EVER IN U. S. ARMED	FORCES? 16	SECURITY NO.	7. INFORMANT		ADDRE	SS
	(This does heart failu	GE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c	H f dying, e.g., ns the disease,	CAUSE (A)	Mediasti	nstr	01	TERVAL BETWEEN NSET AND DEATH
CERTIFICATION	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	ANY, GIVING	DUE TO (C)	sion Puem elyster old	theres.		1/2 days
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
	19A. DATE 0	FOPERATION 1 1	98. MAJOR FIL	NDINGS OF OPER	ATION.	Heighy		YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., ir factory, street, office bldg., e	to.) 216 WHERE DID (I	in Baltimore Cit	y, give e	caet location)
2	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 21E.			OCCUR?		
À	22. I hereby	y certify that I att	ended the dec		7/1 , 1952 to	9/14, 19		at I last saw the
	23A. SIGNAT		ever	M. D. 2	3B. ADDRESS	mystel		DATE SIGNED
TIC	AA. BURIAL, C ON REMOVAL (S Buri	al Sept. 18	10	NAME OF CEMETE t. Stanislau		Dundalk Av		
	ATE RECEIVED		s signature	liams, M.F.	25. FUNERAL DIRECTOR Schimunek Funeral 26010305 E. Madis			PRESS
	VC IEO				TOO TOO TO THE OWNER OF	1011-001		

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VS 150

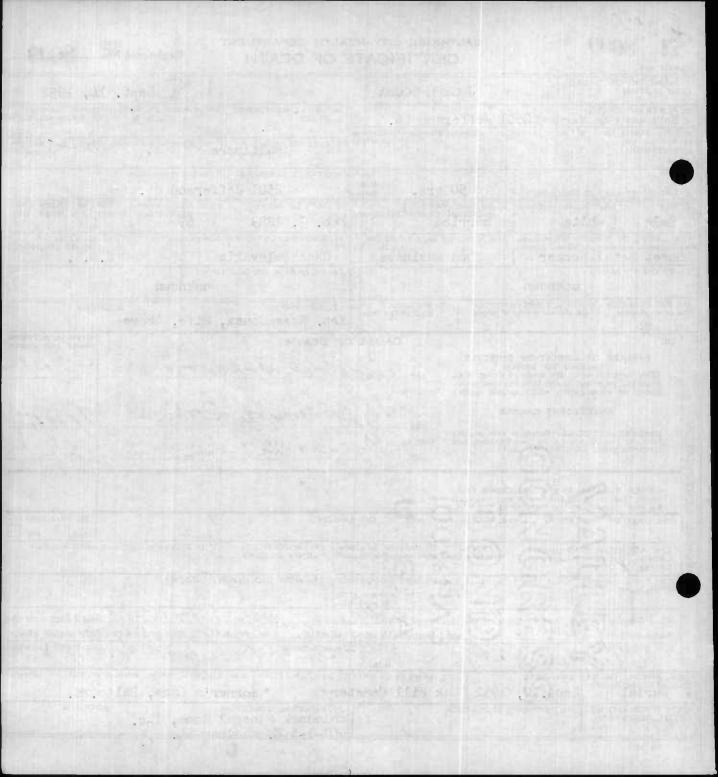


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## BALTIMORE CITY HEALTH DEPARTMENT

Registered N2_	8609
registered rive	

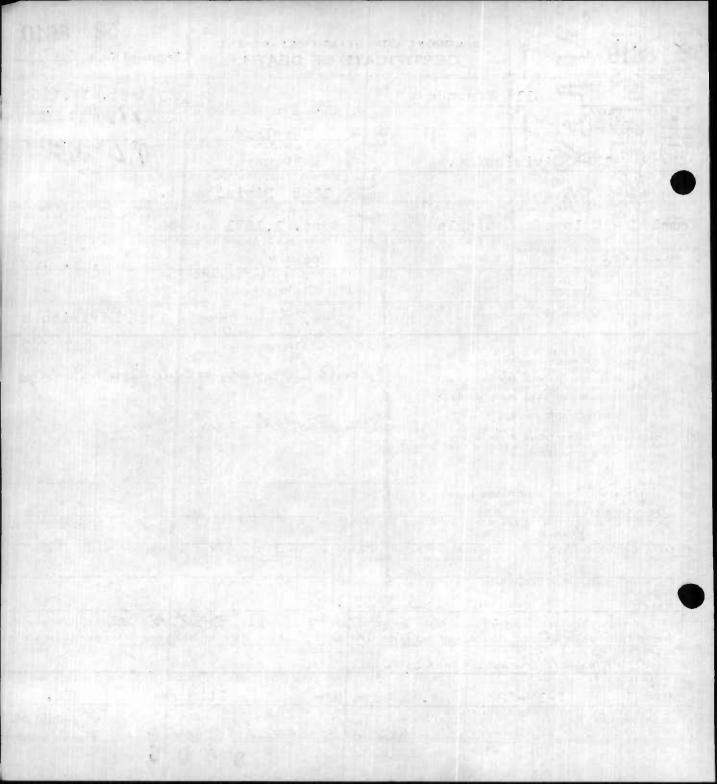
BIRTH NO.	E OF DEATH						
1. NAME OF DECEASED	2. DATE						
(Type or Print) JOSEPH DOUSA	OF Sept. 14, 1952						
a. Baltimore City, Maryland 2501 Jefferson St.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore 50 yrs. Mos. Days	2501 Jefferson St						
5. SEX   6. COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify: married	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours						
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR work done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
Sheet Metal Worker Own Business	Czechoslovakia U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
unknown	unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Mrs. Rose Dousa, Wife, Above						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONSTRIBUTION CONST	best Stemon Loge St 13 52  best Amsioz Cordio - 1/1947  cular de curse  20. AUTOPSY?						
	YES NO						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, Tactory, etreet, office bldg.,							
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT WORK NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from Lay 152, to Seft 14, 19, that I last saw the deceased alive on 4, 19, and that death occurred at m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23CATE SIGNED							
24A. BURIAL CREMA- 244 DATE TION. REMOVAL (Specify) Burial Sept. 17, 1952 Oak Hill Ceme							
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S Huntington Williams Mit	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.						
VS 150	2020850						



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8610 Registered No.

BI	RIH NO.									
1. (T	NAME OF E		a Edmo	onds			DATE OF S	ept.	16,1952	2
	PLACE OF E	City, Maryland		4. USUAL RESIDI	ENCE (Where	deceased live		ution : residence before admiss		
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryla		1	193. 1.		
	STITUTION	1305 Divis	ton St		c. CITY OR TOWN		de corporate	limits, wh	te RI RAL and towns	
7		TOOO DIVIS	TOIL O	Yrs.	D. STREET ADDRE		give l catio	50		
C.	Length of	stay in Baltimore		Mos. Days		vision	APPLICATION OF THE PERSON OF T			
	SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH	1 9.7	AGE (In year		l Year   Il Under 24 Days   Hours   I	
Fe	malê	Colored	Sing	(LED, DIVORCED (Specify)	Sept. 1,1	871	80	Months	Days Hours 1	um.
10 work	A. USUAL OC	CCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE	State or foreign	country)		CITIZEN OF	RY
	Domest:	ic			Virginia			U.	S. A	
13	. FATHER'S				14. MOTHER'S MA					
4.00		d Edmonds			Unknow	n				
(Yes	. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mrs. Iren	e Lyven	rs 130	5 Div	ision S	st
	18. //-			CAUSE	OF DEATH				NTERVAL BETV	
	DISEA	SE OR CONDITION			10	0	1		ONSET AND DI	
		LEADING TO DEA	of dying, e.		ulo Coron	vary Gr	celus	w	3 day	0
		ure, asthenia, etc. It mea c complication which o				1			1	
		ANTECEDENT CAUS	SES	0.	-1-1					
Z	DISEASE	ES OR CONDITIONS, 1	E ANY CIVII	(B)	Mistelle	ros	***************************************			
Ĭ	RISE TO	THE ABOVE CAUSE (A)	STATING T	HE DUE TO						
ERTIFICATION	01102112									
TIF		11		_(C)						
CER	TRIBUTIN	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT		* *************************************					
				FINDINGS OF OPER	ATION				20. AUTOPS	/?
CA	ALCOID	none	l oir Di	ACE OF INITIBY /	or 21c. WHERE D	178 in	Paltimore C	itu mino d	YES No	<u> </u>
IEDICAL	HOMICIDE	(Specify)		ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e			Daitimore C	ity, give e	exact location)	
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OC	CUR?			
	OF INSURT		m.	WHILE AT NOT WHILE		,				
	22. I herei	by eertify that I att	ended the	deceased from_	uly , 195	I to Sel	X 15,	19 <b>62</b> , the	at I last saw	th
				and that death owner	red at 7 Q.m.	, from the co			ate stated ab	
	234 GIGNA	TURE	0		3B. ADDRESS			23	c. DATE SIGN	IED
2	AA. BURIAL,	CREMA- 24B. DATE	awx	24C. NAME OF CEMETE	BY OR CREMATORY	24D. LOCAT	CION (City	town or co	ounty) (Sta	itel
TIC	N. REMOVAL (	Specify) 9-19-	A	Mt. Auburn		Baltir			Md.	,
	ATE RECEIVE		SIGNAT		25. FUNERAL DIR	ECTOR	RIGHT	ADI	RESS	St
	CEP 17	1957 Hunt	ington	Walliams, M.	Tha leaves	y 4 the	usley	STR N	, Digulo	
	VS 150	20 W. W. W.	0		010	8 6	0 \$			
				2 41 1	M.A. MAN	***				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Helen W. Smith DEATH Sept. 14.1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF faryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1620 Druid Hill Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 1620 Druid Hill Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. Female Colored

WIDOWED DIVORCED (Specify)
Married Dec. 30,1905 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland S. A Wousewife.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Williams Cornelia Boston 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or npknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. axwell Smith 1620 Druid H

INTERVAL BETWEEN 153 X CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

21 ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY

NOT WHILE

WORK 22. I hereby certify that I attended the deceased from. 1952 that I last saw the deceased alive on\_

14- 19 52 and that death occurred at \$ 77 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGRATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE

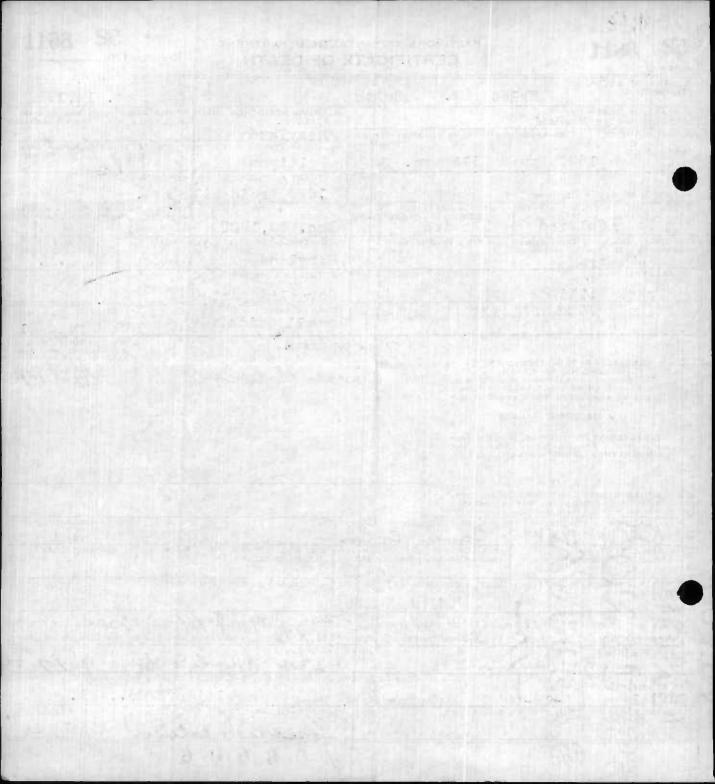
Baltimore Co., Md. Burial 9-19-52 rhutus lem ADDRESS 4 DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

LOCAL REGISTRAR Biddle

VS 150

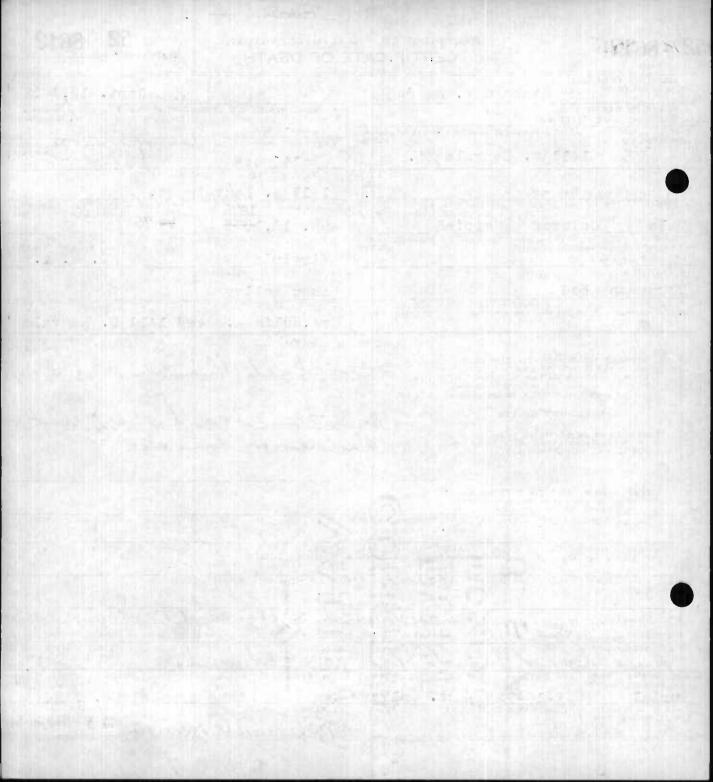
WHILE AT

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9-24-52 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Sept. 13.1952 Richard T. Reed 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1411 W. Lanvale St. hwnship Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1411 W. Lanvale St. Days 9. AGE (In years | H Under 1 Year last birthday) | Months: Days | Hours: Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 876 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Colored Aug. 16.1975 Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U. S. A. Minister Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thompson Reed Anne Kelley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Mrs. Julia A. Reed 1411 W. Lanvale INTERVAL BETWEEN CAUSE OF DEATH 18. 447 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 21A. ACCIDENT. SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT at I attended the deceased from 2,3952, to Sept 13, 1952, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Calvery Cem Anne Arundel ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 572 W. Biddle St.

VS 150



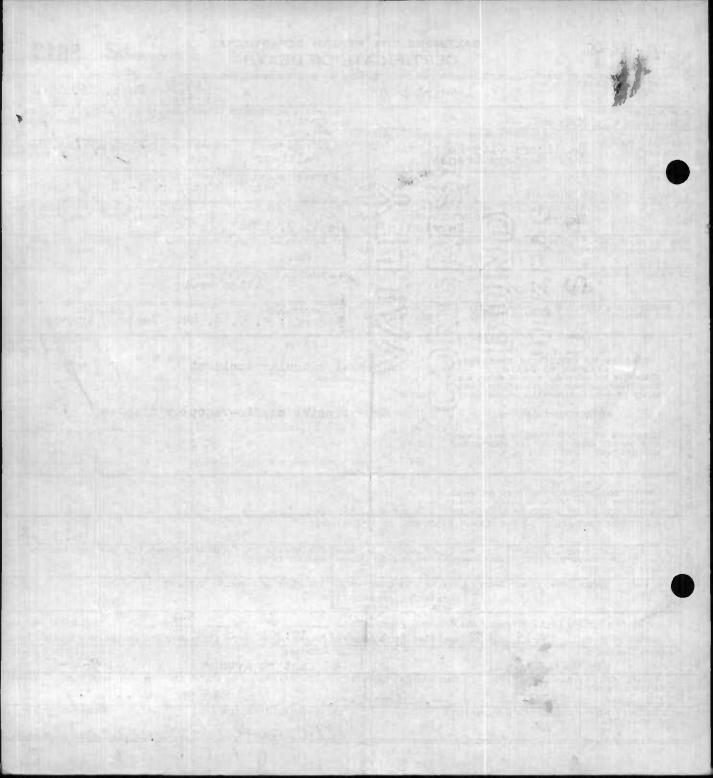
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8613

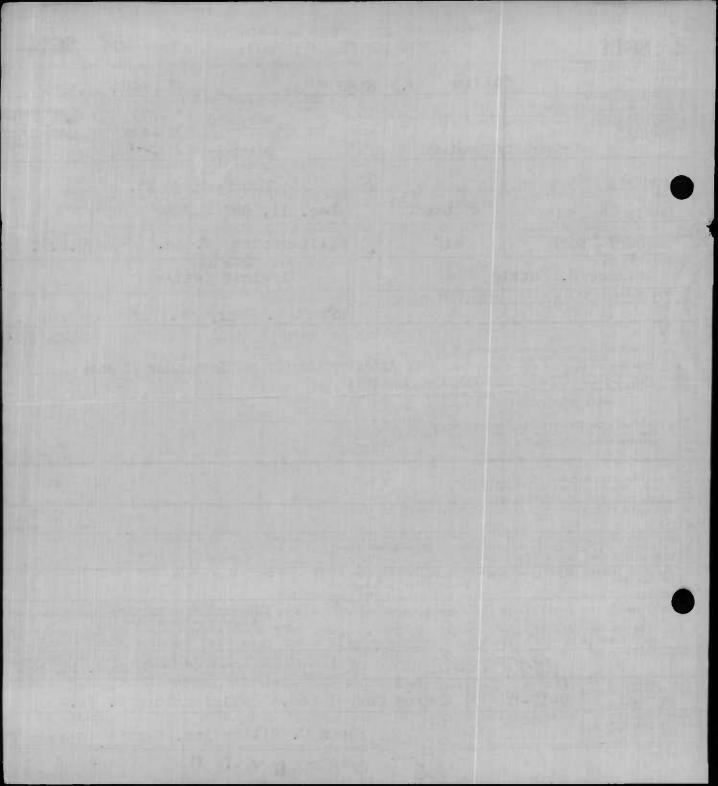
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	I	Leonard Lewis		OF Sept	. 15, 1952
3. PLACE OF DEATH: A. Baltimore City, Mar B. FULL NAME OF (If)		ution, give street address or	4. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution: residence before admission)
HOSPITAL OR INSTITUTION Ba	timore City 10 Eastern Av	Hospitals location)		f outside corporate limit.	s, write ktonAL and give township)
c. Length of stay in Ba	ltimore	Yrs. Mos. Days	D. STREET ADDRESS (IF 341 E. 2	rural, give location) 2nd Street-18	
	OR RACE 7. SING	LE, MARRIED. OWED, DIVORCED (Specify) Married	Sept. 9, 1886	9. AGE (In years last birthday) Mo	Under I Year II Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION work done during most of working life,		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ton Lewis		14. MOTHER'S MAIDEN N	Lewis	
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, gi	U. S. ARMED FORCES? ve war or dates of service)	16. SOCIAL SECURITY NO.	Records: B. C. I	H. 4940 Easter	odress en Avenue
(This does not mean heart failure, asthenia injury or complication and the state of	11	(B)	tensive cardio-va		se ?
OTHER SIGNIFICA TRIBUTING TO THE D TO THE DISEASE OR	NT CONDITIONS C DEATH, BUT NOT RELA CONDITION CAUSING	TED		•	
19A. DATE OF OPERA	TION O 198. MAJO	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH	UNDER- 218. F BUTING about hos	LACE OF INJURY (e. g., ne, farm, factory, street, office bldg.,		(If in Baltimore City, 1	give exact location)
PID. TIME (Month) (	Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby certify	that I attended the	re deceased from 9-2	rred at 12:20 m., from	9-15, 1922	, that I last saw the
23A. SIGNATURE	hushber -		238. ADDRESS 4940 Eastern Aven		9-16-52
24A. BURIAL, CREMA. 2 TION, REMOVAL (Specify)	48. DATE 9-18-52		ERY OR CREMATORY 240.		
	EGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	T. Henry	ADDRESS 578W



## BALTIMORE CITY HEALTH DEPARTMENT

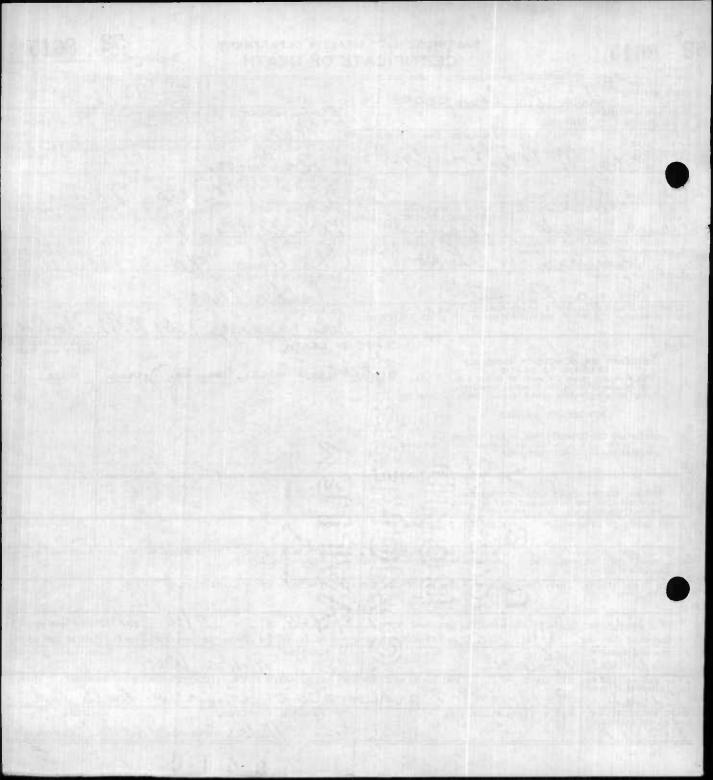
Pagistana 52 8614

1	BYRTH NOD 14	CI	ERTIFICA	ALE OF DEATH	
	1. NAME OF DECEASED (Type or Print)	Lillie	R. HI	ENRY   2. DATE OF DEATH Sept. 15, 1952	
	3. PLACE OF DEATH:  A. Baltimore City, Marylan	ď		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admissi	
	B. FULL NAME OF If not in	hospital or institution,	give street addres	ss or Maryland	
Į,	INSTITUTION Unive	rsity Hospita	al	Baltimore  C. CITY OR TOWN (If outside corporte limits, the MAL and g towns!	
F			Yı	rs. D. STREET ADDRESS (If rural, give location)	
ľ	ength of stay in Baltim		De	lll6 Nanticoke St.	
	female white	WICOV	ARRIED. DIVORCED (Spo VEC		
W	OA. USUAL OCCUPATION (Give ork tope during most of working life, even if Grocery Dere	ckind of retired) Self	BUSINESS OR INDUST		RY
	Wallace R. S			Virginia Settle	
()	15. WAS DECEASED EVER IN U.S. Yes, no or unknown) (If yos, give war	ARMED FORCES? 16 or dates of service)	SECURITY NO	o. Robert D. Henry Sr. 213 German Hill	1
	DISEASE OR CONDIT LEADING TO (This does not mean the neart failure, asthenia, etc. injury or complication w	DEATH mode of dying, e.g., It means the disease.		SE OF DEATH  ONSET AND DEATH  Priosclerotic cardiovascular disease	ATF
ERTIFICATION	DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION IN THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION IN THE DISEASE OR CO	ONS, IF ANY, GIVING E (A) STATING THE ON LAST.	(B) DUE TO (C)		
U	19A. DATE OF OPERATION	198. MAJOR FIR	NDINGS OF OF		RF
EDICAL	21A. EXTERNAL CAUSE WA UNDERLYING   OR CONT UTING   CAUSE OF DE	RIB. about home, farm, f	OF INJURY (e. actory.street,office bl	g., in or 21c. WHERE DID (If in Baltimore City, give exact location)	47
M	21D. TIME (Month) (Day) ( OF INJURY	Year) (Hour)   21E. WHILE m.   WOR		HILE	
	the evidence obtained	d by said Autopsy	. Inspection o	Autopsy, Inspection & inquiry thereon and from Inquiry, find that said deceased died on the day stated abouts I, accident , suicide , homicide , undetermined .    238. CHIEF MEDICAL EXAMINER	ve,
	24A. BURIAL CREMA- 10N, REMOVAL (Specify) Burial 9-1			ETERY OR CREMATORY 24D. LOCATION (City, town, or county)  apel Cem. Williamsburg W. Va.	-
	DATE RECEIVED BY REGIST	rar's SIGNATURE	Villiams.	25. FUNERAL DIRECTOR ADDRESS A John C. Miller Inc. 2435 E Oliver	S
1	V S 151	0	5 23	1906A8 609	



5	8615 BALTIMORE CITY H	E OF DEATH Registered No.	8615
-	RTH NO.		
1. (T	(ype or Print) aldo R. Campeggi	2. DATE OF POLICE	1-53
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address o		
	ISTITUTION 09 M. Milton ave.	C. CITY OR TOWN (If outside corporationits, )	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore Mos.	1309 M. Multon an	unue
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	last birthday) Month	er I Year If Under 24 Hours II Days II ours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE State or foreign country) 12	CITIZEN OF
worl	Honswife at Hone		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	DECC
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	John Campeggi - 1309 M. M	riltonar.
	18. 443 X CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		The Death
	(This does not mean the mode of dying, e.g.,	turno Cardio Vascular Discare	6 years
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
u-p	ANTECEDENT CAUSES		
o.	DISEASES OR CONDITIONS, IF ANY, GIVING		
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
S	(C)		
L	II III		
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
CA			YES NO
IEDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or 21C. WHERE DID (If in Baltimore City, give netc.) INJURY OCCUR?	e exact location)
2	ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?	
	F INJURY  WHILE AT NOT WHILL  MORK AT WORK		
	22. I hereby certify that I attended the deceased from	8/7/46, 19 , to 9/16 , 1952,	hat I last saw the
	4111	erred at 10.40 Am., from the causes and on the	date stated above.
	23A. SIGNATURE / Sauce M. D.	1501/1. Milder ave	9/17/52
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY   24D, LOCATION (City, town, or	county) (State)
TI	ON REMOVAL (Specify) 9-19-52 Por hom	and Class Ja Jas Day - Da	11. md
-D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
	OCAL REGISTRAR	1 1 1 mill 9 2/2 8	Al. Of
	PPD 17 10501 / Justineline 1/11 115		

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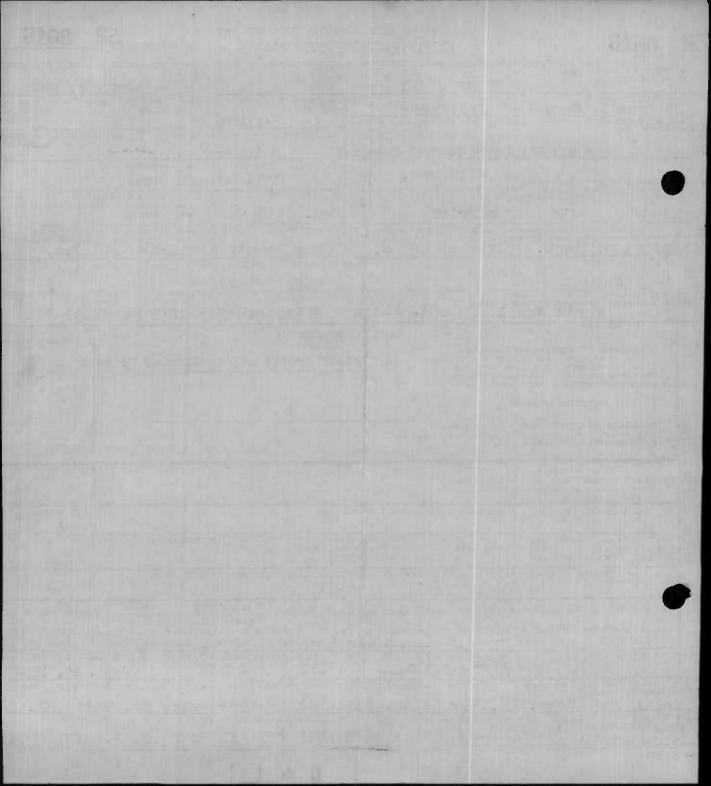
## BALTIMORE CITY HEALTH DEPARTMENT

52 8616

B	IRTH NO.			CERTIFICA	IE OF DEA	ATH	Registered	1 NO.	
	NAME OF DE	CEASED					2. DATE		
			LUTHER	RAY				pt. 16,	
	Baltimore C	ity, Maryland	Bal	timore	A. STATE	SIDENCE (Wh	nere deceased lived.  B. COUNTY		: residence ore admission)
H	FULL NAME ( OSPITAL OR ISTITUTION	OF I not in hospit	cal or institut	ion, give street addres	c. CITY OR TO	aryland (If or	utside corporate lin	nijs, write (U	
		South Balt	imore G	eneral Hospi	tal Ba	altimore	6.	5-0	top hship)
P				2 yrs. M	s. D. STREET AD		ural, give location)		
	ngth of st	ay in Baltimore		D <sub>E</sub>	ys I		all Stree		
5	male	6. COLOR OR RACE White	marr	e, married, ved, divorced (spe 1ed	8. DATE OF BI Feb. 24	1898	9. AGE (In years last birthday) 54 yrs.	li bader I Year Months Days	Hours Min.
1 C	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR		E (State or fore	eign country)	12. CITIZ	
S	anatatio	n dept.		of Balto.	Clay Co	unty Ke	entucky	U.S.	T COUNTRY?
13	FATHER'S N	AME			14. MOTHER'S	MAIDEN NAM	ME		
	Luke Ra				Mary P	eters			
(Ye	s, no or nuknown)	D EVER IN U. S. ARMEI (If yes, give war or date	es of service)	16. SOCIAL	17. INFORMAN			ADDRESS	
	yes	World War	The state of the s	403-05-91	4 Elizab	eth Ray	7 1712 Ma	rshall	St.
	18. 47	1 1		CAUS	E OF DEATH				AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA		Anto	riosclerotic	o o media o v	on and an old		
	(This does heart failur	not mean the mode or, asthenia, etc. It mes	of dying, e. s	5 (A)	Fioscierorio	caraiov	ascular o	LSease	***************************************
	injury or	complication which	caused death	DUE TO				11 15 15	
		ANTECEDENT CAUS	SES						
Z	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************	************************	• • • • • • • • • • • • • • • • • • • •		
110	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO				1 10 3	
Q V				(C)			***************************************		***************************************
ERTIFICATION	OTUED C	11							
R	TRIBUTING	GNIFICANT CONDI	NOT RELATE	D					
B		FOPERATION   1		FINDINGS OF OF	ERATION	7		20 A	UTOPSY?
								YES	X NO
EDICAL	UNDERLYING	AL CAUSE WAS OR CONTRIB-		CE OF INJURY (e. arm, factory, street, office bl	g, in or 21c. WHERE		in Baltimore City		
ME		Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	RED 215 HOW F	OID INJURY O	OCCUP?		
	OF INJURY		,	WHILE AT NOT WH	LECT	JID INJUNT	OCCORT		
L	2 Lagratific	that I took show	m.	WORK AT WOI		autops	v	. 7	7.6
H		y that I took char				Autopsy. Ins	spection or Inquir	v	and from
	ana aea	lence obtained by th in my opinion	said Auto resulted f	psy, Inspection o rom: <u>natural cau</u>	r Inquiry, find th	at said deed ], suicide [	eased died on ], homicide □,	the day sto undetermin	ited above, ned □.
	23A. SIGNATI	631	Mr	she	ASSISTANT	MEDICAL EX MEDICAL EX NVESTIGATOR	AMINER	Sept. 15	. 1952
24 TIO	A. BURIAL, CF	ecify) 248. DATE	2	4c. NAME OF CEME	TERY OR CREMATOR		CATION (City, tow		(State)
Bu	rial	Sept. 1		Balto. N	ational	Frede	erick Rd.	Balto	.Md.
LC	TE RECEIVED	BY REGISTRAR'S	SIGNATU	RE,	25. FUNERAL D	DIRECTOR		ADDRESS	3
-	EP 1 / 15	136 Thurter	whom 1	Velliacus, M.	RAUSE FU	NERAL H	HOME 1216	S.CHAR	LES ST
V	S 151		U						

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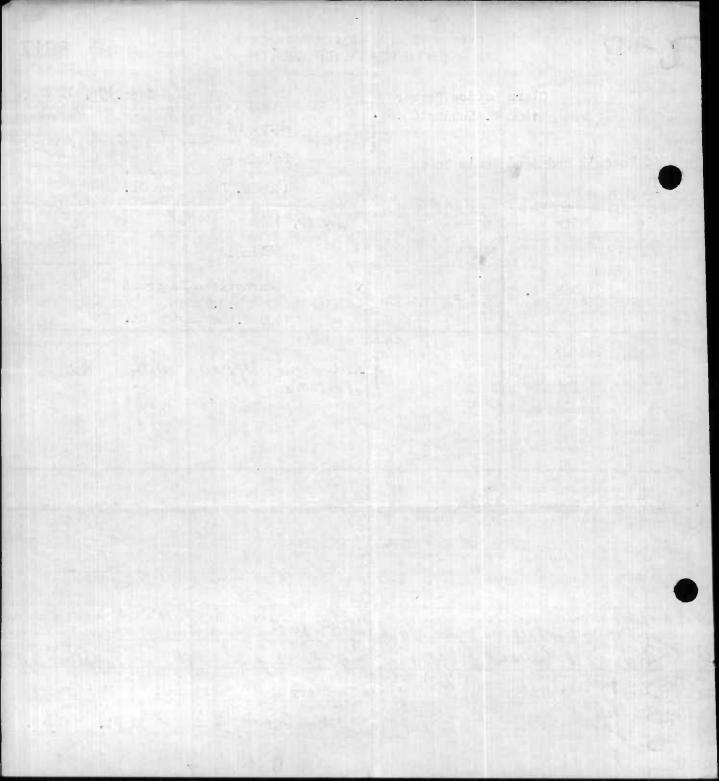


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.2 BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Clara Louise Weaver DEATH Sept. 15 , 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 400 W. Lexington St. B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Aged Women's and Aged Men's Homes D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1400 W. Lexington St. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 6. COLOR OR RACE 9. AGE (in years) last birthday) Months: Days Hours: Min. Female May 29, 1876 White Widowed 10A. USUAL OCCUPATION (Give kind of ) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Illinois own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Earnestean Hagerman John A. Stumpf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) L.H. Read 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 1400 W. Lexington St. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinorna Uterus, with LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION CA YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DE INJURY 22. I hereby certify that I attended the deceased from Scot. 15/, to 5ept. 15, 1952 that I last saw the deceased alive on bept. 14, 1982, and that death occurred at 1.0 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 240, LOCATION (City, town, or quunty) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATOR Baltimore Cemetery Baltimore. burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1217 St. Paul St.

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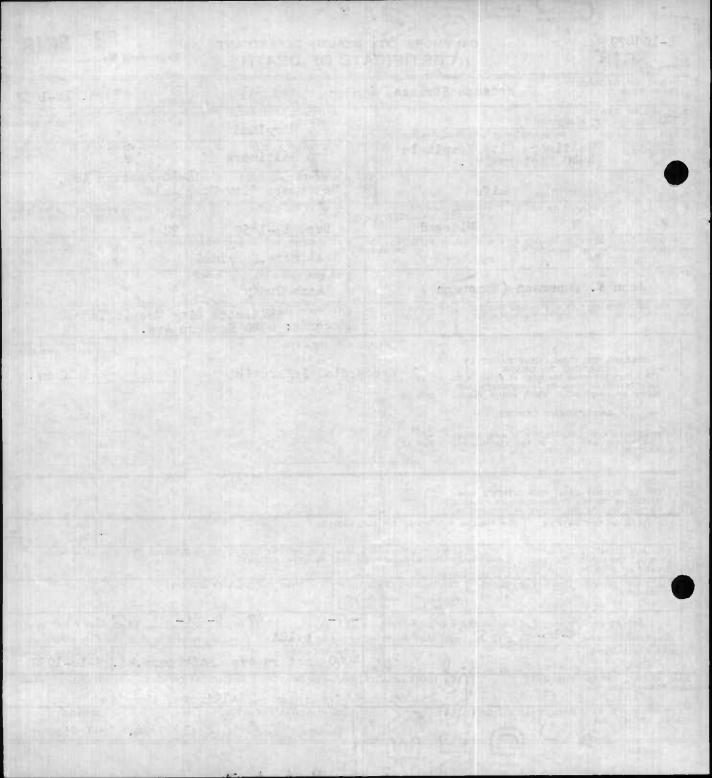
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

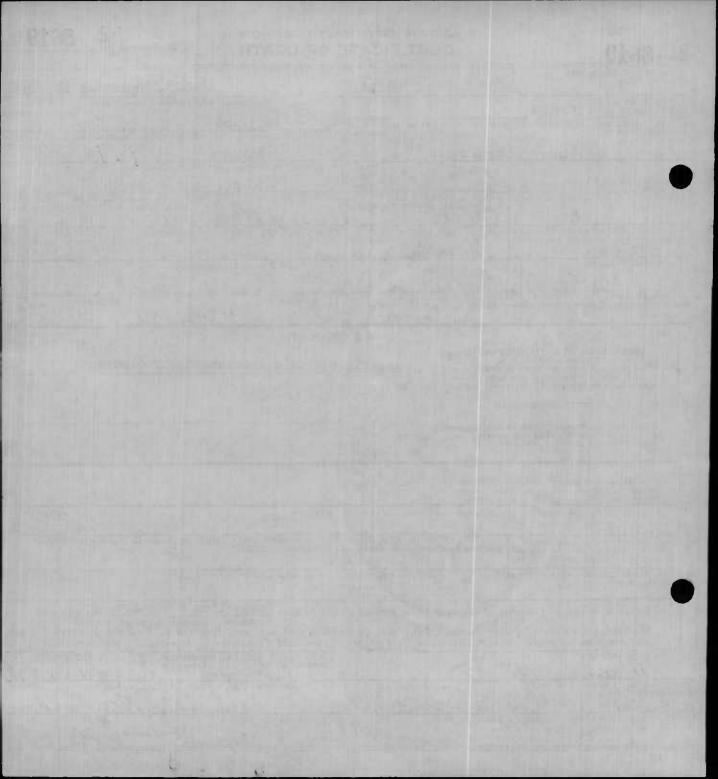
52 8618 Registered No.

B	TRTH NO.01	.0		CERTIFI	CATE	OF DEATH		
(T	NAME OF D Type or Print)		Modessa	Strause	(Mod	lessa Strauss)	The state of the s	Sept. 16-1952
	Baltimore (	EATH: City, Maryland				4. USUAL RESIDENCE (	Where deceased lived, I. B. COUNTY	finstitution: residence
	FULL NAME					A. STATE Maryland	11-	-10
	ISTITUTION	Baltimore 4940 Easte	City Horn Ave.	spitals '	ocation)	Baltimore		ts, write RURAL and give township)
C.	Length of s	tay in Baltimore	Life		Yrs. Mos. Days	D. STREET ADDRESS (I Baltimore City	f rura#940oc <b>las</b> t Hospitals—	ern Ave.
5.	SEX	6. COLOR OR RACE	WIDOW	MARRIED. ED. DIVORCED DOWNA	(Specify)	B. DATE OF BIRTH  Dec. 19-1859		If Under I Year onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)			OR	11. BIRTHPLACE (State or Baltimore, Mary)	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S					14. MOTHER'S MAIDEN		I
	John	F. Hanemann	(Hanem	ann )		Anna Grady		
(Ye	e, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMBATtimor Records: 4940 Ea	e City Hospit	ngess
	18. 4	0.1.		CA		OF DEATH		INTERVAL BETWEEN
		E OR CONDITION						ONSET AND DEATH
	(This does	LEADING TO DEA not mean the mode of tre, asthenia, etc. It mes	of dying, e.g		yocar	dial Infarction		10hrs.
	injury or	complication which	caused death.	OUE TO				
	and state	ANTECEDENT CAUS	SES					
O	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	G			***************************************	******************************
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING TH					
10				(C)		••••••••••••••••	***************************************	***************************************
ERTIFICATION	OTHER S	IGNIFICANT COND	ITIONS CON					
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
				FINDINGS OF	F OPER	ATION	***************************************	20. AUTOPSY?
CAI								YES NO
EDICAL		R CONTRIBUTING DEATH		CE OF INJURY arm, factory, street, of			(If in Baltimore City,	give exact location)
	TID. TIME	(Month) (Day) (Year	(Hour)	IE. INJURY O	CCURRE	D 21F. HOW DID INJUF	RY OCCUR?	
			m.		OT WHILE			
	22. I hereb	y certify that I at	tended the	deceased from	70	27- , 19 47, to	9 <b>- 16-</b> , 19.5	2, that I last saw the
			_, 19_52	and that deat	h occur	red at 6.101 m., from	the causes and on t	he date stated above.
	23A. SIGNA	C. Johns de	in his	0	4	38. ADDRESS 340 Eastern Ave.	Baltimore .Md	9-16-1952
2	4 BURIAL	CREMA- 248 DATE		24c. NAME of C			LOCATION (City, town	
110	on REMOVAL (S	9/18/5	2	Loudon	Park	Cemetery Bal	timore, Maryl	and
	ATE RECEIVE		S SIGNATU			25. FUNERAL DIRECTOR		ADDRESS
	SEP 17	1952 Tuni	timeton	William	an Mi	Mm. Cook &	.c. 1217 St.	Paul Street
	VS 150		. 0	100				
	diam'r.	Marie Hi	1	20	17-1	20610		

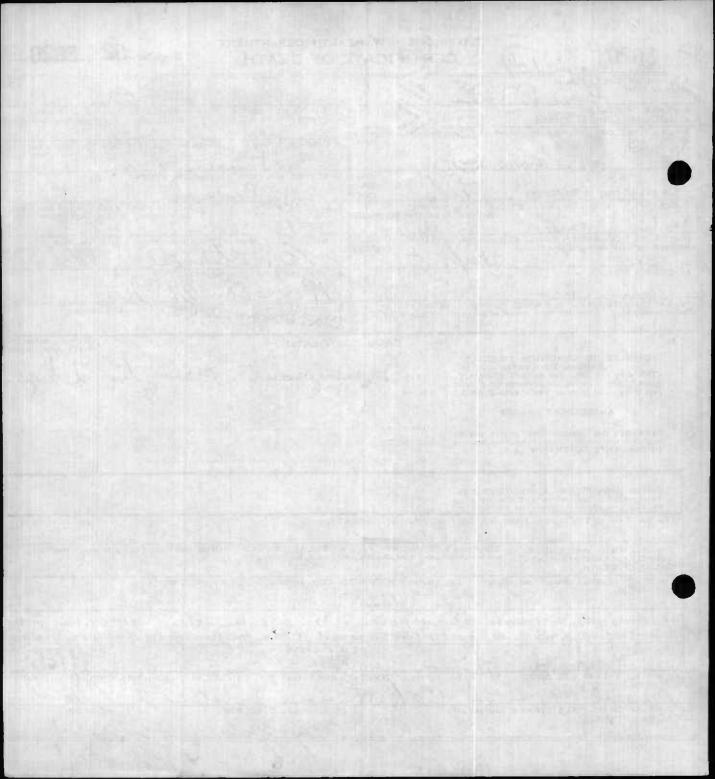


# ALTVATER

	ICATE OF DEATH Registered No	8619
JEIRTH 8619 CERTIF	ICATE OF DEATH Registered No.	)
1. NAME OF DECEASED	A 2. DATE	
(Type or Print) JACOB AI	LTEATER ( . DEATH Septem	ber 16, 1952
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If in	stitution : residence
A. Baltimore City, Maryland	A. STATE B. COUNTY	before admission
B. FULL NAME OF ('f not in hospital or institution, give street HOSPITAL OR		april
INSTITUTION	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
Baltimore City Morgue	Baltimore	1-10
	Yrs. D. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore	Mos. Days 5250 St. Charles Avenu	e
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If He	oder 1 Year   If linder 24 Hour
Male White WIDOWED, DIVORCE	D (Specify) last birthday) Mont	ths Days Hours Min
10a. USUAL OCCUPATION (Givekind of 10b. KIND OF BUSINES	SS OR 11. BIRTHPLACE (State or, foreign country) 11	
	IDUSTRY	2. CITIZEN OF WHAT COUNTRY
Kelined Salarma Milliolande	hom tallenere	1. 8 19.
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	0
Jacob (1/thouse	by 1 Testher 5.0	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	-
(Yes, do or unknown) (If yes, give war or dates of service) SECURI	TY NO.	DRESS
	- Northur Wenton, 3250	Studies
18. 472.1 C	AUSE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY		ONSE! AND DEA!
(This does not mean the mode of dying, e.g., (A)	rteriosclerotic cardiovascular disea	se
heart failure, asthenia, etc. It means the disease,		***************************************
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
7 DISEASES OF CONDITIONS		**** *** ******************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
0		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT		
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS C	OF OPERATION	20. AUTOPSY?
		YES NO X
21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJUR UNDERLYING OR CONTRIB. about home, farm, factory, street,		e exact location)
UTING CAUSE OF DEATH.		
Z 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY (	OCCURRED 21F. HOW DID INJURY OCCUR?	
	NOT WHILE	
	AT WORK	
22. I certify that I took charge of the remains des	cribed above, held an Inspection & Inquiry	thereon and from
the evidence obtained by said Autonsy, Inspect	Autopsy, Inspection or Inquiry ion or Inquiry, find that said deceased died on the	day stated above
and death in my opinion resulted from: natura	il causes A, aceident 🗆, suicide 🗀, homieide 🗀, und	determined $\square$ .
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c.	DATE SIGNED
White Il Donne	M.D. MEDICAL INVESTIGATOR	pt. 17. 1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	CEMETERY OR CREMATORY   24g. LOCATION (City, town, or	
(A 0   Von! 10     1)	R. 1-0 P.l. : 00 Ma.	
DATE RECEIVED BY   REGISTRAN'S SIGNATURE	proge yuar	your
LOCAL REGISTRAR	25. FUNERAL DIRECTOR	DDRESS
SEP 17 1952 Tunington Villacus,	My Hound Tyens 500 TH	HALLETT!
V S 151		1
C.	0 0 0 0 1 9	
	7	



1	400 BALTIMORE CITY H	EALTH DEPARTMENT	F9.	0000
	BIRTH NO. 61. 19141 CERTIFICAT	E OF DEATH	Registered No.	85ZU
١	1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH Sextends	11.1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Who		ution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		itside corporate limite, vr	e RURAL and give
	JOHNS HOPKINS HOSPITAL Yrs.	D. STREET ADDRESS (If ru	ral, give location)	township)
	c. Length of stay in Baltimore Mos. Days  5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED		gal 51	
1	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years II Under I last birthday) Months	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  [ IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	Me C 7	1
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (17 yes, give war or dates of service) SECURITY NO.	17. INFORMANT HOS	ADDRE	ss /
	occount no.	JOHNS HOPKINS HOS		
ı	DISEASE OR CONDITION DIRECTLY	OF DEATH		NTERVAL BETWEEN
١	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mengococcal N	remontes	1 days
1	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	y - Marillando	V	
1	Z DISEASES OR CONDITIONS, IF ANY, GIVING			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			***************************************
1	L OTHER SIGNISIONS CONDITIONS CON			
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.			
ı	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If setc.) INJURY OCCUR?	in Baltimore City, give e	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY		OCCUR?	
	22. I hereby certify that I attended the deceased from		-16 1952 the	it I last saw the
ı	deccased alive on 9-16, 1957, and that death occur	rred at 4'5 Pm., from the	causes and on the da	te stated above.
		23B. ADDRESS	230	
	M.D.	MOHNS HOPKING HACE	DITAB	DATE SIGNED
	W. 1 41	OHNS HOPKING MACE	CATION (City, town, or con	9/16/52
	24a. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY RESISTRAR'S SIGNATURE	COHNS HOPKING HOS	CATION (City, town, or con	9/16/52
	24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 9-20-52 Oak X	CHNS HOPKING MACE	CATION (City, town, or con	http://(State)



correct age is especially important. Envertume. on

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8621

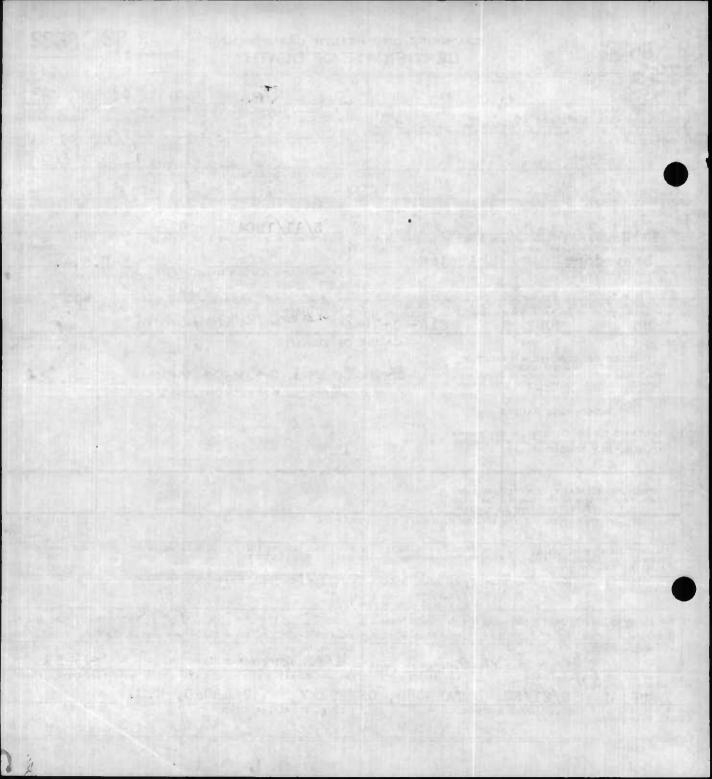
1. NAME OF DECRASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSPITAL OR I							
A. STATE  B. COUNTY  before admission  B. FULL NAME OF HOSPITAL OR INSTITUTION  HOPKINS  B. COUNTY  before admission  C. CITY OR TOWN  (If outside corporate limits, write RUBAL and towns)  D. STREET ADDRESS  (If rusel give location)  Mos. Days  D. STREET ADDRESS  (If rusel give location)  D. STREET ADDRESS  (If rusel give location)  Mos. Days  D. STREET ADDRESS  (If rusel give location)  D. STREET ADDRESS  (If rusel give l							
Institution Hopkins Ho							
C. Length of stay in Baltimore  C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  TO SINGLE, MARRIED.  WOOWELD DIVORCELL (Specify)  10A. USUAL OCCUPATION (Give kind of working life, everyif retired)  11. FATHER'S NAME  12. CITIZEN OF WHAT COUNT  WHAT COUNT  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If years lif Under 14 less lift under 24 legs lift under 14 legs lift unde							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WOOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of working life, every ifretired) 10B. KIND OF BUSINESS OR INDUSTRY 11BIRTHPLACE (State or foreign country) 11BIRTHPLACE (State or foreign country) 11C. CITIZEN OF WHAT COUNT 11C. MOTHER'S MAIDEN NAME 11C. INFORMANT 11C							
13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  17. INDUSTRY  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.							
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS							
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.							
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.							
PLANE DODUNG TO COME							
18. COYX I CAUSE OF DEATH INTERVAL BETWONSET AND DE							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) ALL-ALUMA Pulsons (Julius 1)  DUE TO  (C)							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or labout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 195, to 9 5, 195, that I last saw							
deceased alive on 15, 1952, and that death occurred at 1.10 m., from the causes and on the date stated about 23A. SIGNATURE 23C. DATE SIGN							
Kamune Es Phulmen M.D. DOHNS HOPKING MARINE - 9-16-52-							
24a. BURIAL, CREMA. 24B. DATE 19-52 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  Burial 9-19-52 Parkwood Balto-Mel							
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25-FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S S							
VS 150							

3	00
52	8622
BIRTH	NO.
1 SIAB	AF OF DECE

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8622 Registered No.

1. (T	NAME OF DEC	EASED	Les	iris	Pia	el	JR.	2. DATE OF DEATH	PL.14	1952
	PLACE OF DEAT Baltimore City	, Maryland	med.	Osl	2 A.	. USUAL . STATE	RESIDENCE (	Where deceased live	d. If institution	i : residence fore admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hos	pital or instituti		Tanakina \	. CITY OF	R TOWN (I	f outside corporate	mits write 1	UKAL and give
5	HOU	NE HOPKIN	S HOSPITA	1			12 a	etime	obie	// township)
	Length of stay	, in Raltimore	1 Source	1	Mos.	STREET	3/9	rural, give locatio	n) 9 Th	SL
_		COLOR OR RAC		MARRIED.	Days	DATE O	E BIDTH	9. AGE (ln yea	rs If Under 1 Year	If Under 24 Hours
1	tale 1	orlars	W WOOW	ED, DIVORCED	O. (Specify)	5/1	1/1904	last birthday	) Months Day	s Hours Min.
	A. USUAL OCCU	rking life, even if retir	red)		DUSTRY 11	. BIRTH	LACE (State or	oreign country)	12. CITI WHA	TEN OF
13	Stever		I Ship	ping	14	. MOTHE	R'S MAIDEN N	IAME	O U.S.	Α.
5	Lewe	Pi	th			MI	arth.	a. ICo	Prisas	2021
	. WAS DECEASED			16. SOCIAL	17	. INTOR	MANT		ADDRESS	
(Ye	n, no or unknown)	(If yes, give wer or o		215-01	TY NO.		HNS HOPKI	NS HOSPITAL		
	18. 443	×		C	AUSE OF	DEAT	Н			T ANO OEATH
	LI	OR CONDITIO	EATH	N	1 h		a. t	.0.1		
	heart failure,	t mean the mod asthenia, etc. It r mplication which	neans the disease	e,	0		O. O.			************************************
				., 002 10	Compos	Ovur C	www oc	en Earle		
Z	ANTECEDENT CAUSES  (B)								*************************	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
0	(C)								***************************************	***************************************
TIF	OTHER SIG	II CON	CONDITIONS CON-							
CERT	TRIBUTING TO	THE DEATH, B	UT NOT RELATE	D		• • • • • • • • • • • • • • • • • • • •	***************************************			***************
_	19A. DATE OF		S	FINDINGS C	F OPERAT	ION			20.	AUTOPSY?
CA									YES	NO -
1EDIC		T WAS UNDER ONTRIBUTING ATH		CE OF INJUR arm, factory, street,			HERE DID Y OCCUR?	(If in Baltimore C	City, give exact	location)
	PID. TIME (MO	nth) (Day) (Ye	100000000000000000000000000000000000000	21E. INJURY		21F. H	OW DID INJUR	Y OCCUR?		
			m.	WHILE AT WORK	AT WORK		6-5	6216	(	
	22. I hereby c	1	11 1000			1 11!	, 195, to_		19 that I	
	deceased alive		7,193	and that dea		ADDRES		the causes and		ATE SIGNED
		John	T. Krd		м. о.		HOPKING "	gr 1	9-14	-52
2. TI	4A. BURIAL, CRE ON, REMOVAL (Spec	MA 24B. DAT	,	24c. NAME of				LOCATION (City,		(State)
-	BURIAL ATE RECEIVED E		752   T	ARBORO,			TAK	BORO, N.C	ADDRE	ss
L	OCAL REGISTRA	R	to ton	Elliscus.	MR	They	1. Alinh	Eul 5/12	Caure	May
=	P 1.8.1959	111000		1	-6	- une	~ Nug			37, 30
	VS 1500			118	94	050	60 A	12		
		Address of the last of		. 10 E	. 7 1	-	0			



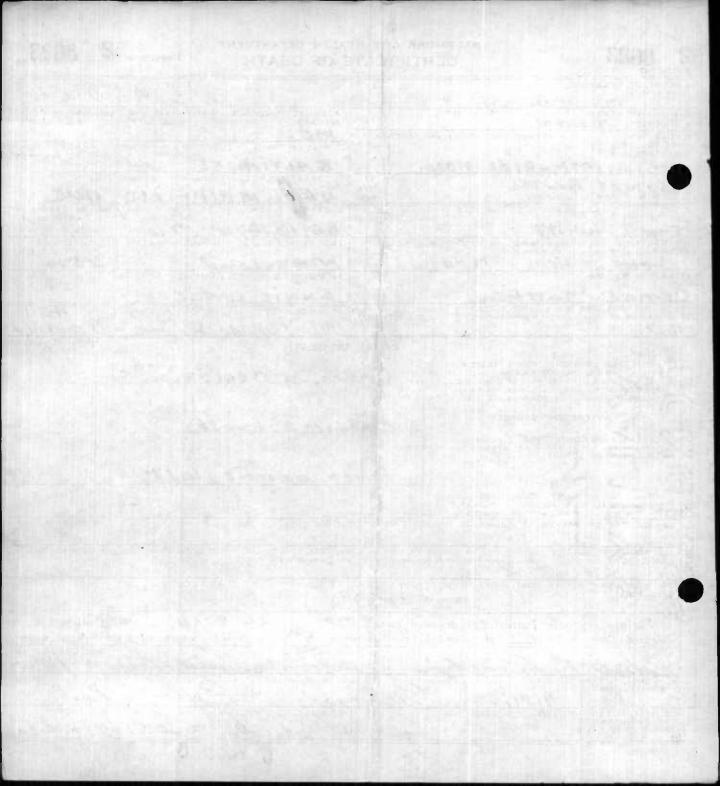
1200 52 8623

correct age is especially important. Physicians: pieded write increases

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8623

Y'A	IRTH NO.	,		CERTIFICATI	E OF DEA	AIM	Registereu	
=	NAME OF DE	CEASED	AP S	T DICK			2. DATE OF DEATH 9 ~	14-62
A	. PLACE OF DE . Baltimore C	EATH: lity, Maryland			A. STATE	BIDENCE (Wh		f institution : residence before admission)
H	FULL NAME ( OSPITAL OR NSTITUTION			on, give street address or location)	c. CITY OR TO	WN (If or	utside corporate limi	its, vrite RER, L and give
10	MICH	MISMARI	AL M	030.		111056		
C	SING	tay in Baltimore		Yrs. Mos. Days	D. STREET AD	MAI	ral, give location)	AUE
5	. SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (In years last birthday) M	fi Under 1 Year   fi Under 24 Hours onths Days Hours Min.
1	DA. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11, BIRTHPLAC	CE (State or fore	eign country)	12. CITIZEN OF
	HONE	f working life, even if retired)  AT HOME	NO	INDUSTRY	MAR			WHAT COUNTRY?
1	3. FATHER'S N				14. MOTHER'S	MAIDEN NAM	ΛE	
1	280798	D EVER IN U. S. ARMEI	1EUCS	16. SOCIAL	_ANNI		LEER	
(Y	o, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Miss M	maare	L Suck.	- Mainfield
	18. /_/_	, ,		CAUSE	OF DEATH	1		ONSET AND DEATH
		E OR CONDITION						ONSEMAND BEATT
10	(This does	LEADING TO DEA		, (A) Con	many	Occio	13 con	,
	heart failu	re, asthenia, etc. It mes	ns the disease	e,				
		ANTECEDENT CAUS	ere					
z		ANTECEDENT CAU	DES	(B) and	5010 30	las	ė S	
NOIL	DISEASES	OR CONDITIONS, I						
1	UNDERLY	TING CONDITION L				-		
D.F.				(C) Pm	E M DODA	115,	1867	,
RT	OTHER S	II SIGNIFICANT COND	ITIONS CON			THE THE S		
LT.	M TRIBUTING TO THE DEATH, BUT NOT RELATED							
O				FINDINGS OF OPER	RATION			20. AUTOPSY?
A	G12.000.63	7						YES NO L
EDIC	21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If in Baltimore City, g. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							give exact location)
		(Month) (Day) (Year	(Hour)	21E, INJURY OCCURR	ED 21F. HOW	DID INJURY	OCCUR?	
	OF INJURY		m. V	WHILE AT NOT WHILE				
	22 / Lauch	y certify that I at				954to 9 -	16 196	that I last saw the
		live on 9-16		and that death occu		,		the date stated above.
1	23A. SIGNAT		,		23B. ADDRESS			23c. DATE SIGNED
	8/1/2	STF. R	rele	Reso M.D.	union	May Sar on	ial Hage	5 9-1452
	24A. BURIAL,	CREMA- 24B. DATE	/ 2	4c. NAME OF CEMETE	RY OR CREMATO	DRY 240. LO	CATION (City, tow	n, or county) (State)
1	Durial S	9/19	1/52	Tarky	wood	1	alto	1 hd
	DATÉ RECEIVE		SSIGNATU		25. FUNERAL	DIRECTOR		/ ADDRESS
1	SEP 171		tivetor	Williams, M	8 ple	ick	53051	tarford to
	VS 150		0		1	8 6	8	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF mars DEATH 3 PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or KN. HOSPITAL OR location) (If outside corporate limits, write RURAL and give CITY OR TOWN INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under | Year | Il Under 24 Hours | Months; Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) named 11. BIRTHPLACE (State or foreign Country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTRY? ance must will 13. FATHER'S NAME MAIDEN NAME Marial 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 176 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ..! heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or 21r WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDICA 2 TA ACCIDENT, SUICIDE. >(If in Baltimore City, give exact location) HOMICIDE (Specify) Σ 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 199 6 195 Cthat I last saw the 22. I hereby certify that I attended the deceased from. 195 and that death occurred at 1 am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE 240. LOCATION (City, town, or county) TIAN, REMOVAL (Specify) 1952 ent. d

FUNERAL DIRECTOR

25

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

unlinghou

YMC-15505

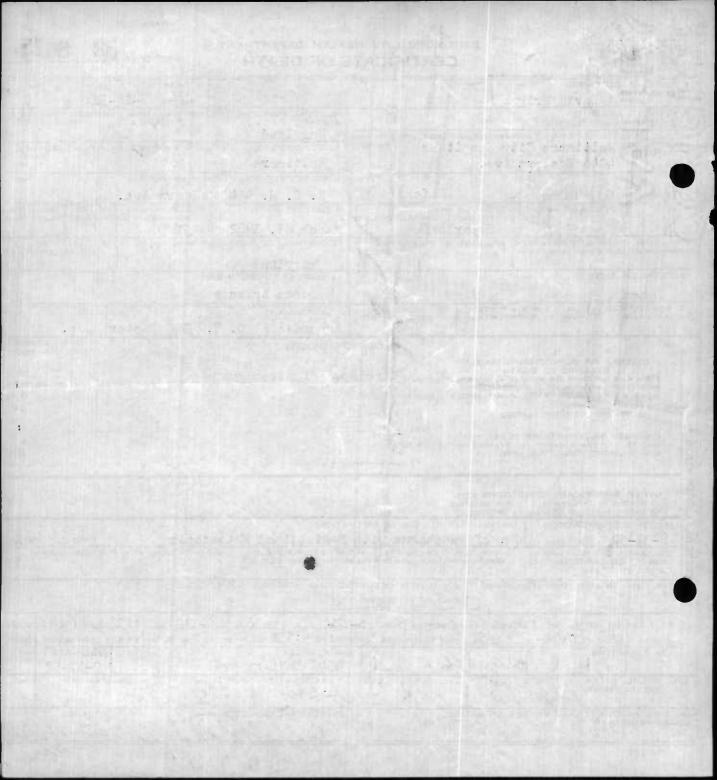
correct age is especially important. Frysicialis: please write the causes of death clearly and legibly.

CORTIFICATE CORRECTED 10/5/52 ES BALTIMORE CITY HEALTH DEPARTMENT

52 8625

	RTH NO.	325		CERTIFICA	ATE	OF DEATH	Registered N	0	00,0
	NAME OF E	David Wrigh	t				OF DEATH 9-14	-52	
A. B.	FULL NAME	DEATH: City, Maryland OF (If not in hospit	al or institut	ion, give street addre		4. USUAL RESIDENCE (WA. STATE Mary land		institution	e: residence fore admission)
HIL	SPITAL OR	Baltimore Cit 4940 Eastern		itals locat	tion)	c. CITY OR TOWN (If Baltimore	outside corporate limits	, write RI	URAL and give township)
		stay in Baltimore		Life MD	Aos.	B. C. H. 4940	Eastern Ave.		
	M	6. COLOR OR RACE	Sepai		pecify)	March 25, 1882	9. AGE (In years last birthday) Mor	nths Days	
worl	k done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OF INDUS	TRY	11. BIRTHPLACE (State or fo Mary land		12. CITIZ WHA	ZEN OF
	James	?	(D)			14. MOTHER'S MAIDEN NA Susan Briscoe			
(Ye	s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY N	O.	17. INFORMANT Records B. C. H		odress	
H	18. 150			CAUS	SE O	F DEATH			T AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Carcinoma of Esophagus								7
	heart failure, asthenia, etc. It means the disease,								***************************************
z	ANTECEDENT CAUSES								•
임	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
CA	UNDERL	YING CONDITION LA	ST.	(C)		***************************************	10-000000000000000000000000000000000000		
H		II.							
CERTIFICATION	TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D					
4	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   Ca. of Esophagus with Mediastinal Metastasis								AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER-				rediastinal metas		YES	
ED		R CONTRIBUTING		arm, factory, etreet, office					,
	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	URRED	21F. HOW DID INJURY	OCCUR?		
	OF INJURY		m.	WHILE AT NOT W	ORK				
	22. I herel	by certify that I att	ended the	deceased from_	6-2	2, 19_36 to	9-14- , 19.52	, that I	last saw the
						ed at 4:55Am., from ti			
	23A. SIGNA	TURE L. C. h	hund?	14 - M.D		B. ADDRESS 4940 Eastern Ave		9-17	ATE SIGNED
2. TI	4A. BURIAL, ON, REMOVAL (	CREMA- Specify)	18	24c. NAME OF CEM			Sally		
	ATE RECEIVE DCAL REGIST		SSIGNATU	Williams,	M.	A HAN	ead 9/8	ADDRES	uf Kill
	VS 150		0	. 0	03	0000	20.		aus

19520008



52 8626

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8626

BI	RTH NO.		CE	RIF	CATI	E OF DEATH	Registered 1			
1. (T	NAME OF D ype or Print)	ECEASED	GEORGE	W.	WIL	EY	of Sept	. 15.1952		
3.	PLACE OF D	EATH: City, Maryland 3:	204 Fait	Ave.		4. USUAL RESIDENCE (		institution : residence before admission)		
B.	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution,	give street a	address or location)	Md.	If outside corporate limits			
					Yrs.	o. STREET ADDRESS (I				
		tay in Baltimore			Mos. Days		Fait Ave.			
	Male	6. COLOR OR RACE White	7. SINGLE, M. WIDOWED. Wid	ARRIED. DIVORCEI OWED	O (Specify)	Dec. 11,1875	9. AGE (In years line) Mo	nths Days Hours Min.		
worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF		S OR DUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S	IAME				14. MOTHER'S MAIDEN	NAME			
		homas Wiley				Mary Ni	tzel	St 200 7 2 2		
15 (Ye	NO OF UNKNOWN)	D EVER IN U.S. ARMEI (If yes, give war or date NO	FORCES? 16 21	SECURIT 5-01-	8445	17. INFORMANT Anna M. Chive	ral 3204 Fa	it Ave.		
	18. 470	. 0		C	AUSE (	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A)									
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
Z	DICEASE	ANTECEDENT CAUS		(B)	a	Acrosclaroh	is Laport			
ATIC	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	OUE TO			divan			
IFIC					, .					
CERTIFICATION	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATED	••••						
			98. MAJOR FIN	DINGS C	F OPER	ATION		20. AUTOPSY?		
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING [] DEATH	21B. PLACE ebout home, farm, f				(If in Baltimore City, g	rive exact location)		
		Month) (Day) (Year)	WHILE		NOT WHILE		RY OCCUR?			
	22 I hamah	as acoutifus that I at	m.   wor		AT WORK	7-15 19520	9-15 105	that I last saw the		
deceased alive on 9-15, 1952, and that death occurred at 6:00 m. from the causes and on the date stated abov										
	23A SIGNA	TURE CO	uder		10	38. ADDRESS		23c. DATE SIGNED 9-17-52		
24	A. BURIAL. (S	REMA- 24B. DATE	24C.			RY OR CREMATORY 240.	LOCATION (City, town,	or county) (State)		
	Burial	Sept.18	1952 S	acred	Hea	rt Cemetery 8	6401 German	Hill Rd. Md		
LC	TE RECEIVE		s SIGNATURE	liaus-	M.P.	25 FUNERAL DIRECTOR	901 S.	Aconsling S		

9520008691

2. Trans the state of . STATE BY STATE OF THE STATE O THE CONTROL OF . N. PLANE DESCRIPTION OF A PROPERTY OF The state of the s

#### CERTIFICATE OF DEATH Registered No. 8627 CERTIFICATE OF DEATH

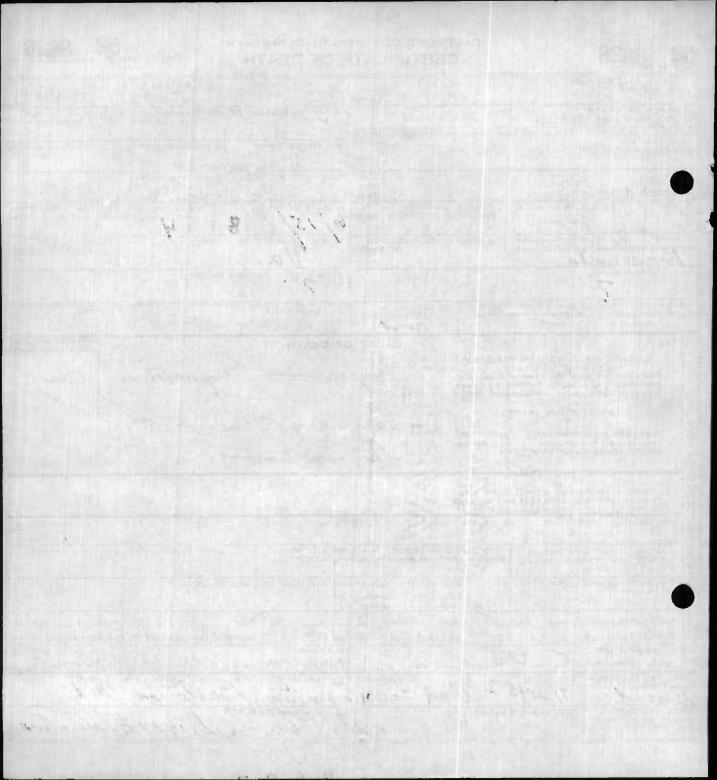
B	IRTH NO.							
(T	NAME OF D	Ramaine	Lee			OF DEATH SAVE	imber 17, 1952	
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived If i	1 4 1 1 1	
	FULL NAME			ion, give strect address or location)			write RURAL and give	
IN	ISTITUTION	JOHNS HOPKINS	HOSPIT	AC	Corporação	110.	township)	
E				Yrs.	D. STREET ADDRESS (If	rural, give location)	Lawa	
		tay in Baltimore	-	Mos. Days				
5.	SEX	6.COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		under 1 Year II Under 24 Hours nths Days Hours Min.	
		CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign county)	12. CITIZEN OF	
wor		of working life, even if retired)	~	INDUSTRY	Bulto CA.	Mid.	WHAT SOUNTRY?	
13	FATHER'S	NAME		7	14. MOTHER'S MAIDEN N	AME.	1011	
	L	would	wu	1	Stella o	tee		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give wer or detes	FORCES?	16. SOCIAL SECURITY NO.	JOHNS HOPKIN		DDRESS	
	18. 19	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
		SE OR CONDITION I		Sist.	inter 1		5 1	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
z	ANTECEDENT CAUSES Leese bellat maliquent tumon							
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
CA	UNDERLYING CONDITION LAST. (C)							
H		11						
	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D				
U		OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?	
AL	1/10/	52 2	nofeed	He faterios		ous	YES NO	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, g	ive exact location)	
	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRI		Y OCCUR?		
h			m. 1	WORK NOT WHILE				
		y certify that I att			8-22, 1952, to	1-17, 1952	that I last saw the	
	deceased alive on 9-17, 1952, and that death occurred at 530 m., from the causes and on the date stated about 23A. SIGNATURE 123g. DATE SIGNE							
	-	aterin	ar -	M. D.	ROHNS HOPKING HA	25 PHILAY	9/17/52	
2. TI	ON MOVAL (S	CREMA- 24B. DATE	- 50	24c, NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town.	or (ounty) (State)	
- D	ATÉ RECEIVE	D BY   REGISTRAR'S	S SIGNATU	Journaly	25 FUNERAL DIRECTOR	reveysve	ADDRESS	
	SEP 181		J- 141	thiaus, M.P.	J. SOUB	ooks, SA	ask Mid.	
	VS 150	0	STOL			9		
_			1	best for	10805	Cont		

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# BALTIMORE CITY HEALTH DEPARTMENT

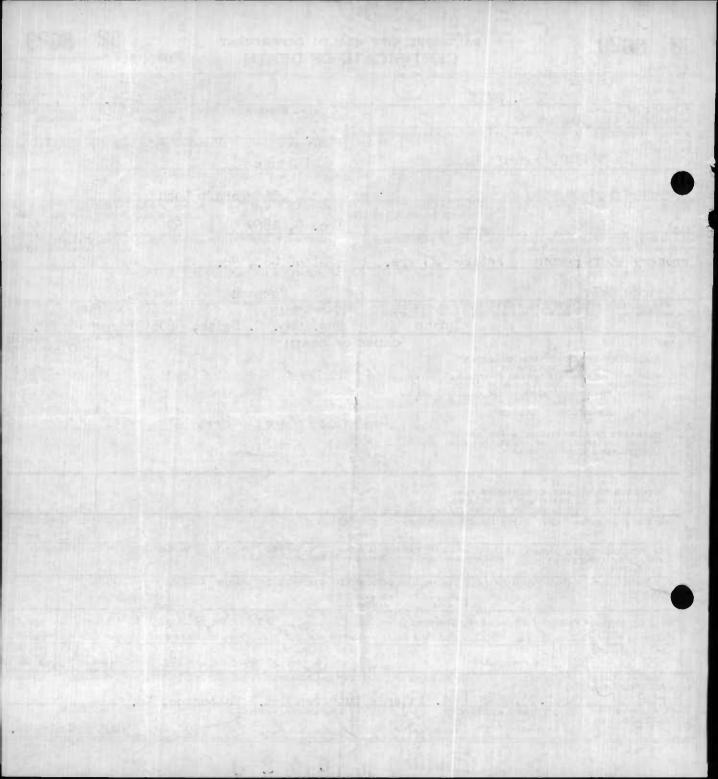
Registered No. 8628

BIRTH NO.	SAIL OF BLATT
1. NAME OF DECEASED (Type or Print)	Lett 2. DATE OF Seb. 17 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, it institution, residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR	ress or Cation) c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION JOHNS HOPKINS HOSPITAL	Baltimers township)
	Yrs. D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	Days DATE OF PUTH 2 AGE (In years) If linder 14 Naure
Female Hilto Married	
10A. USUAL OCCUPATION (Give kind of work days during most of working if e, even if retired) INDI	OR V. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Va.
7	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or nnknown)   (If yes, give war or detes of service)   SECURITY	NO 17. INFORMANT ADDRESS
- non	TOWNS HOPKINS HOSPITAL
18. 4701 CA	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 91 -
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	uposided dupareion I day
Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	11 4.50
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
WINDERETTING CONDITION LAST.	Deciallani
<u>U</u> (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, fectory, street, off	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
WHILE AT NO	WORK
22. I hereby certify that I attended the deceased from	9 16, 1952, to 9 17, 1952, that I last saw the
	occurred at 4.30 m., from the causes and on the date stated above.
Lewence C. Fleulenson	D. JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 9-17-52
24A. BURIAL, CREMA- 24B. DATE / 24G NAME OF C	D. JOHNS HOPKINS HOSPITAL  EMETERY OF CREMATORY 249 LOCATION (City, town, or county) (State)
Rund 9/20/52 Oak fac	intermetery / Salto Go MA
DATE RECEIVED BY REGISTHAR'S SIGNATURE	12. FUNERAL DIRECTOR JANO TE ANDRESS
SFP 181959 Huntington Wallaces,	My / Mundemake 1407 to asternations
VS 150	0000
, 5 7 0	10040-



#### BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICATI	E OF DEATH	Registered	NO
	NAME OF D	ECEASED				2. DATE	
	ype or Print)	GEORGE C.	SMITH				ot. 16th, 1952
	Baltimore (	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. I	If institution: residence before admission
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	18:34	2	
	STITUTION	2808 D: dans	- FL D-			if outsick or porate lim	its, write RURAL and giv township
	<u> </u>	3808 Ridgecr	olt no	ad 15 Yrs.	Baltimore p. STREET ADDRESS (I	f minal give location)	
	enoth of s	stay in Baltimore		Mos.			
	SEX	6. COLOR OR RACE		Days E, MARRIED,	3808 Ridgecro	9. AGE (In years)	if Under 1 Year   If Under 24 Hours
m	ale	white		VED, DIVORCED (Specify)	Dec. 9, 1869	last birthday)	Ionths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	Marr	O OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
11		of working life, even if retired) tore owner	retire	ed 25 yrs.			WHAT COUNTRY USA
	FATHER'S		10021	ou a yr b	Ral to Co Md.	NAME	1 008
	George	Smith			Unknown		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	no			none	Mrs. Geo. C. Sm:	ith, 3808 Rid	igecroft Rd.
	18. 44	3 × •	E 10-22	CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		0	ebral Em	00	P
		s not mean the mode of	f dying, e.	D**	wis em	bolus.	121440
	heart failure, asthenia, etc. It means the disease, Injury or complication which eaused death.) DUE TO						
	ANTECEDENT CAUSES (B) Condis Vasculas, Discore						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Condis) Vasculas, Disease						
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			, Lectensian			
O	(C)					100101000000000000000000000000000000000	***************************************
ERTIFICA		11					
ER	TRIBUTING	GIGNIFICANT CONDI	NOT RELAT	ED			
U		OF OPERATION 1		FINDINGS OF OPER	PATION		20. AUTOPSY?
AL	ION, DATE O	O LINA	JB. MAJON	TINDINGS OF GILL			YES NO
DICAL		DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., I		(If in Baltimore City,	give exact location)
Ш	CAUSE OF	R CONTRIBUTING DEATH	about nome,	tarm, tacvory, street, omce pidg.,	INJURY OCCURY		
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	RY OCCUR?	
				WHILE AT WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from	rred at 7 m., from 23B. ADDRESS	Seft 16 , 19.	57 that I last saw th
	deceased a	live on Sest 16	, 1952,	and that death occur	rred at 7 Pm., from	the causes and on	the date stated above
	23A. SIGNA	TURE S D tar		2	3805 Bela	RO	
_	AA DUDIAL			M. D.	RY OR CREMATORY 24D.		n, or county) (State)
TI	4A. BURIAL, ON, REMOVAL (S	Specify)		24C. NAME OF CEMETE	RT OR CREMATORT 24D.	LOCATION (City, tow	n, or county) (State)
11	burial	Sept.20.			theran Cem. Full 25 FUNERAL/PIRECTOR	Herton, Md.	ADDRESS
6	CAL REGIST	TRAR 1	ton	Villiams, M.P.	P F	0 No. 7	
15	EP 1013	17 17 17	9	internation, my	Jarrem VIII	my / Hum	7401 Belair Rd.
	VS 150	7	3 2	2000	0 1 0 1		
			Marie II		8624	Limited Street	



2-309 30 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Wright- Delores OF DEATH Sept. 3, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RDRAL and give township) HOSPITAL OR C. CITY OR TOWN INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS Yrs. (If rural, give location c. Length of stay in Baltimore Life Mos. 1317 Etting St Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | H Under i Year last birthday) | Months Days | Hours Min. WIDOWED DIVORCED (Specify) Aug. 29, 1952 Female Negro 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Peacock Delores Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: B. C. H. 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 4 days Atelectasis (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Prematurity 5days (C) .. FIC RH П OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY AT WORK WORK 8-29 152 to\_ . 152\_, that I last saw the 22. I hereby certify that I attended the deceased from\_ and that death occurred at 12:30 An., from the causes and on the date stated above. 152 deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 4940 Eastern Avenue 24A. BURIAL, CREMA-TION REMOVAL (Specify) 124c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE 4940 Eastern Ave. B. H. Crematory DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR unlingtor ellalles. M.

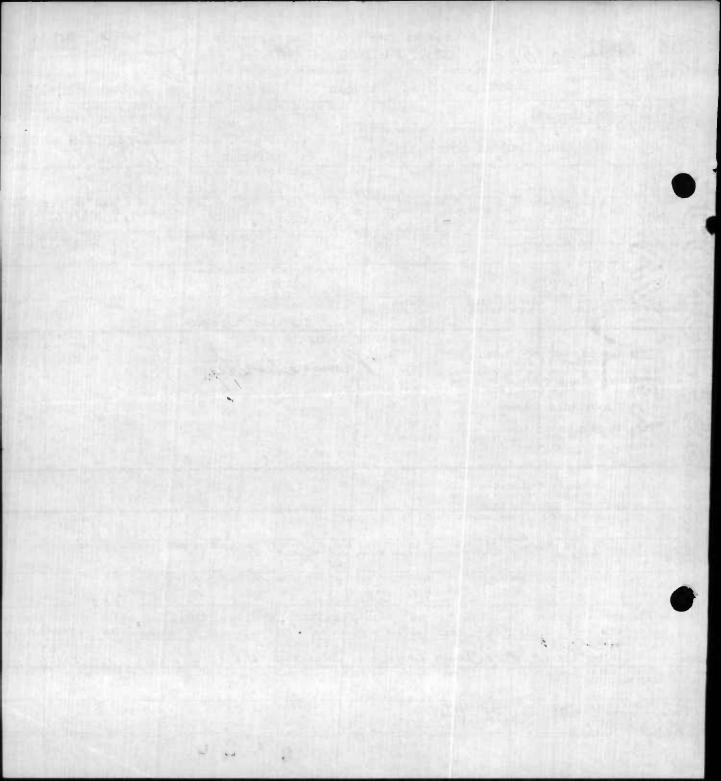
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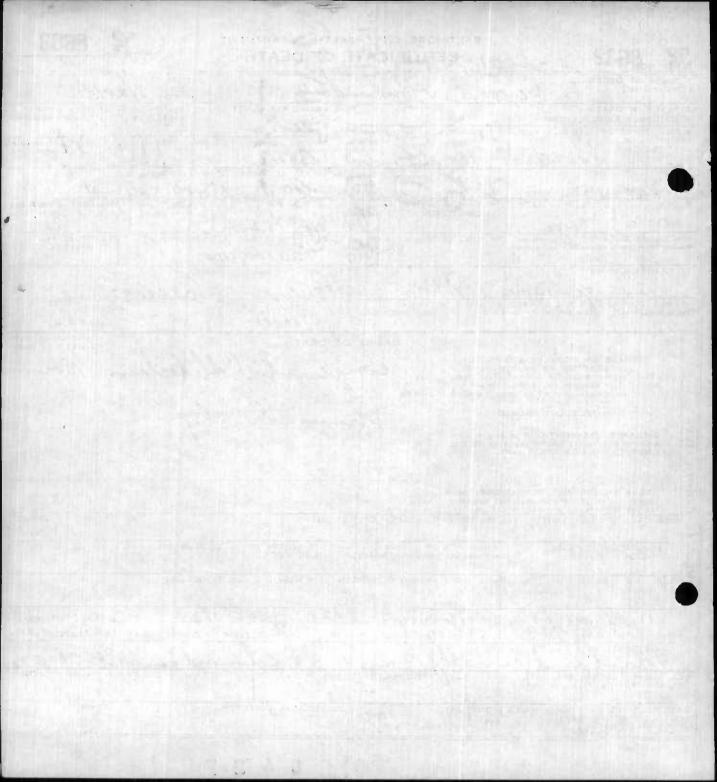
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A. T. Brenning West and Berlin with the Contract of the Contra



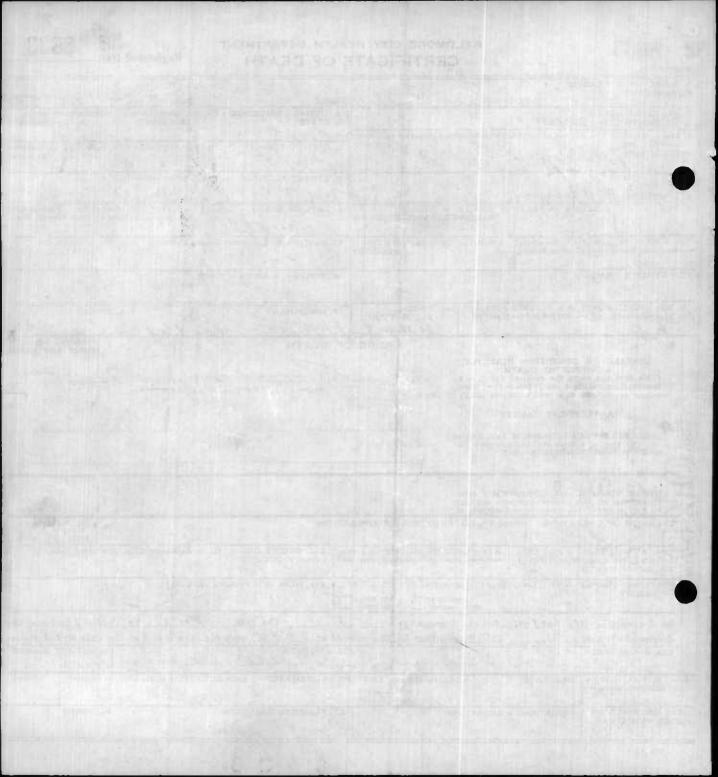
52 NO 863252	,		EALTH DEPARTMEN E OF DEATH	T Segistered N	8632	
I. NAME OF DECEASED (Type or Print)	George	Tames	Ahite , JR.	OF DEATH 8/2	9/52	
3. PLACE OF DEATH: A. Baltimore City, Marylan	ıd		4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence before admission)	
B. FULL NAME OF (If not in HOSPITAL OR INSTITUTION		n, give street address or location)		(If outside corporate limits	write ULAL and give township)	
ength of stay in Baltim	ore 23 Ru	Yrs. Mos. Days	GIO A.	(If rural, give location)	5+.	
5. SEX 6. COLOR OR Nale Repo	RACE 7. SINGLE.		8. DATE OF BIRTH 8/28/52		Under 1 Year M Under 24 Hours hours Min.	
10A. USUAL OCCUPATION (Given in work done during most of working life, even in the control of th	e kind of fretired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER SNAME	2 - V	11:+	14. MOTHER'S MAIDEN			
15. WAS DECEASED EVER IN U. S.	ARMED FORCES?	16. SOCIAL	17. INFORMANT	Oakkett	DRESS	
(Yes, no or unknown) (If yes, give was	r or dates of service)	SECURITY NO.	mother		Jane	
DISEASE OR CONDITED TO THE ABOVE CAU- UNDERLYING CONDITED TO THE ABOVE CAU- UNDERLYING CONDITIE  DISEASES OR CONDITIE RISE TO THE ABOVE CAU- UNDERLYING CONDITIE  UNDERLYING CONDITIE	D DEATH mode of dying, e.g., It means the disease, which caused death.)  CAUSES  ONS. IF ANY, GIVING SE (A) STATING THE	(A) Cor	genital	Alelectari	ONSET AND DEATH	
OTHER SIGNIFICANT TRIBUTING TO THE DEATH						
TO THE DISEASE OR CON	DITION CAUSING IT.		RATION		20, AUTOPSY?	
	0				YES NO X	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLAC	E OF INJURY (e. g., i m, factory, street, office bldg.,	etc.) 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)	
21D. TIME (Month) (Day) OF INJURY	m. WH	IE. INJURY OCCURR IILE AT NOT WHILE VORK				
22. I hereby certify that I attended the deceased from \$\\\ \alpha\\ 28 \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
23A SIGNATURE 24A. BURIAL CREMA-1 24B. D	Phisel	M. D.	103 P Coln	LOCATION (City, town,	23c. DATE SIGNED 1-30-52 or county) (State)	
24%. BURIAL, CREMA- TION, REMOVAL (Specify)	22	Hosp Des	force 2			
	TRAR'S SIGNATUR	liacus, M.F.	25. FUNERAL DIRECTO	PR	ADDRESS	
VS 150		5 4 0	0 8 6 2	***		

correct age is especially important, rays

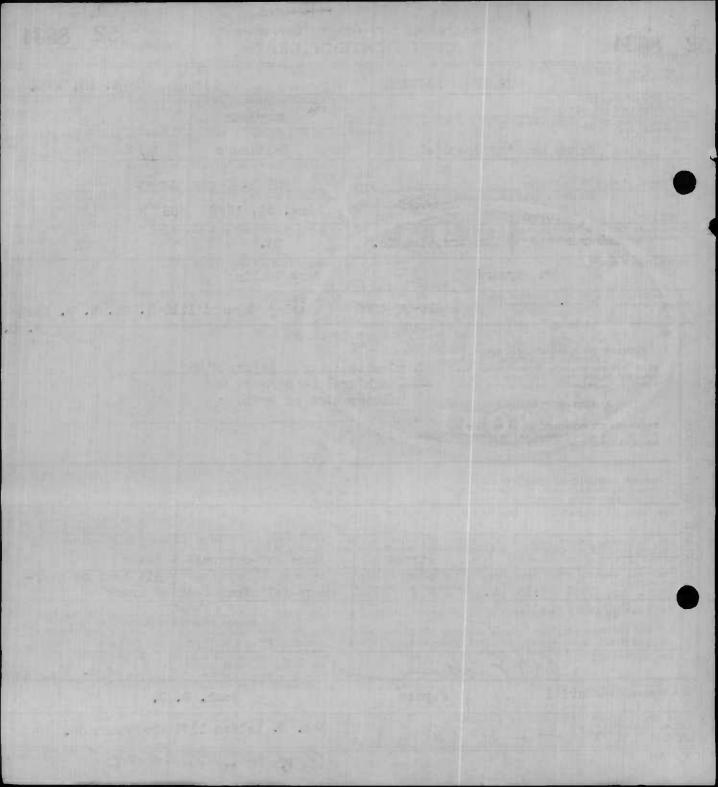


#### BALTIMORE CITY HEALTH DEPARTMENT

1.0	0000	CERTIFICAT	E OF DEATH	Registered No.	0000
11=	IRTH NO.	OLIVIN TOTAL	E OF DEXTIF		
(1	NAME OF DECEASED Type or Print)	1 Freem	van	2. DATE OF DEATH	17.1957
	PLACE OF DEATH: Baltimore City, Maryland	1	4. USUAL RESIDENCE (V		tution : residence before admission)
H	FULL NAME OF (If not in hospital or institu	tion, give street address or location)		cutside corporate limits, wr	e RIFAL and give
IN	1607 M. Carly	6 1xt	Balto	17	township)
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
1	Length of stay in Baltimore  SEX   6.COLOR OR RACE   7.SINGE	Days Days	8. DATE OF BIRTH	9. AGE (In years) it Undai	1 Year   If Under 24 Hours
		WED, DIVORCED (Specify)	march 4 1885	last birthday) Months	Days Hours Min.
wor	OA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12.	CITIZEN OF WHAT COUNTRY?
15	3. FATHER'S NAME		ma		0. S.A.
'	S. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	/
15 (Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS /
	ho	none	Hattis treem	an 1607 n. C	area A
	18. 491X 1		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		10		6 mb
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	se,		- eumonia	***************************************
	injury or complication which caused deat	h.) DUE TO			
Z		(B)	***************************************	***************************************	
₽ P	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	NG			
ERTIFICATION	ONDERETING CONDITION LAST.	(C)	***************************************	***************************************	***************************************
FIF	OTHER SIGNISION I				
	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED		TOTAL YEAR	
U		R FINDINGS OF OPER			20. AUTOPSY?
NA CA					YES NO
IEDICAL		ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,	s or 21c. WHERE DID () ctc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		Y OCCUR?	
	m.	WORK AT WORK			
	22. I hereby certify that I attended the deceased alive on 2, 1952	deceased from	9-1957, to	9-17, 195°2, tl	at I last saw the
	deceased alive on 193 2	and that death occur	rred at S m., from t		
	Berford P. L.				C. DATE SIGNED
2 -Ft	4A. BURIAL, CREMA- 24s. DATE ON REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (Gity, town, or c	
1	Jurial Sept 20, 1952	antonius		ma	
	ATE RECEIVED BY REGISTRAR'S SIGNAT	Williams M.	Jumes Director		DRESS
	VS 150			Prestman	4
II	• ,	1 1 1	8 6 2 8	ressmay	N



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE JOSEPH MAYNARD Sept. 16, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF I f not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate hiper, write EURAI) and give INSTITUTION Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. Length of stay in Baltimore 230 N. Carev Street Days 7. SINGLE, MARRIED, WIDOWED, DIVARCED (Specify) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | 18 8 mds: 1 Year | 18 Under 24 Homs last barthday) | Months Days | Hours Min. Aug. 23, 1897 male colored 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most office big even if retired) TISAAT COUNTRY Construction CoustRY Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wm Maynard Mary Watkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes po or unknown) (If yes, give war or dates of service) 2**F6**-07-4686 Wesley Maynard 1510 R. St. N. W. Wash CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Craniocerebral injury with heart failure, asthenia, etc. It means the disease, poeto subdural hemorrhage and injury or complication which caused death.) laceration of brain ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. street Mace Ave-overpass - Essex 21F. HOW DID INJURY OCCUR? Hit head on over-21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT A . m. pass-fell from back of truck autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes  $\square$ , accident  $\Sigma$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... Sept. 16. 1952 MEDICAL INVESTIGATOR ..... 24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specif Burial 24c. NAME of CEMETERY or CREMATORY | 24d. LOCATION (City, town, or county) Paynes Wash. D. C. DATE RECEIVED BY 25. EUNERAL DIRECTOR GOO. G. Kelson 1303 Presstman St. REGISTRAR'S SIGNATURE LOCAL REGISTRAR

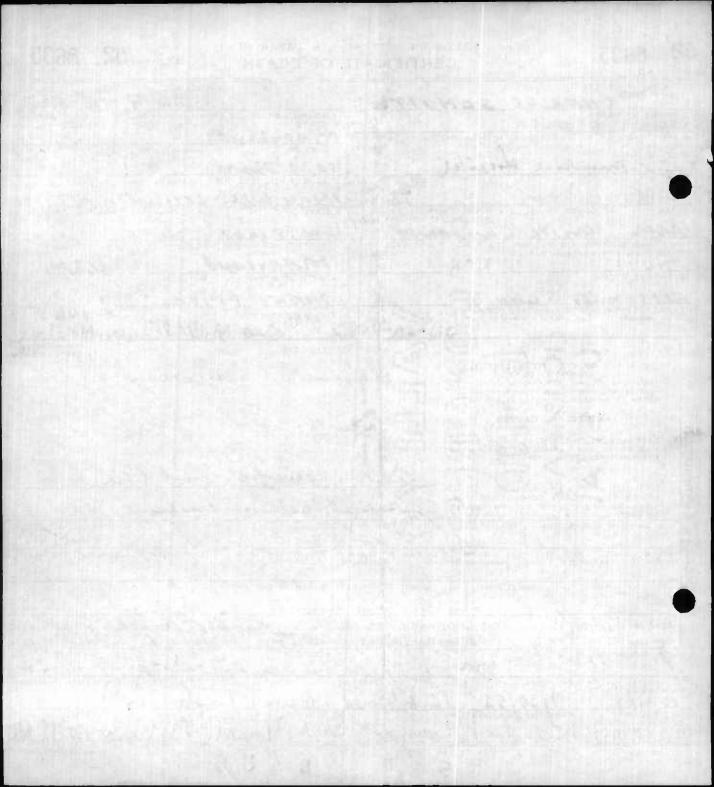


52 8635

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8635

	0000	CERTIFICATI	E OF DEATH	Registered No	8000
-	NAME OF DECEASED			La DATE	
	Type or Print) CHARLES S	0 440 173		2. DATE OF	4-52
3.	PLACE OF DEATH:	GHUIL	4. USUAL RESIDENCE (W		
_	. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital or ins	titution, give street address or location)		12.00	A 7
	NSTITUTION	-1.	c. CITY OR TOWN (If	outside corporate limits, wr	township)
les	um Memors de Nosp	~ nu	18 allimore		
		Yrs. Mos.	D. STREET ADDRESS (If		-
0.	Length of stay in Baltimore  SEX [6.COLOR OR RACE] 7. SIN	1 Days	1404 WEST		S/-
3.		NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it Under last bi-Mday) Months	1 Year   II Under 24 Hours Days   Hours   Min.
4	MALE WHITE W	edouss	JUNE 15 1867	85	
	DA. USUAL OCCUPATION (Give kind of lob. ) k done during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY
_		ONE	MARYLAND	6 0	SM.
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
3	gerander Schull	19	MARY M	ven-	
15 (Ya	5. WAS DECEASED EVER IN U. S. ARMED FORCes, no or unknown) (If yes, give war or dates of services)	16. SOCIAL SECURITY NO. A	17. INFORMANT	ADDR	1
1	(1- 300, 310 mm of autor of active	311-30-958	TA MIRS YEAR NA	MATANALL	Maritan
	18. 420.0	CALISE	OF DEATH	100000000000000000000000000000000000000	INTERVAL BOTH EN
			OF DEATH		ONSET AND DO
	DISEASE OR CONDITION DIRECT	. 00	marian alis	lectain	
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the				
	injury or complication which caused	death.) OUE TO			
	ANTECEDENT CAUSES	4.1	cothorax.		
Z	DISEASES OR CONDITIONS, IF ANY,		coracia		
ATION	RISE TO THE ABOVE CAUSE (A) STATIN				
	UNDERLYING CONDITION LAST.			/ / / .	
RTIFIC		(c) inte	isscluosic k	east defease	
RT	OTHER SIGNIFICANT CONDITIONS	CON.			
O M	TRIBUTING TO THE CEATH, BUT NOT RE TO THE CISEASE OR CONCITION CAUSI		ed arteriosce	moses -	*******************************
1		JOR FUNDINGS OF OPER	RATION		20. AUTOPSY?
1 ×	V				YES NO
DIC		PLACE OF INJURY (e. g., in nome, farm, factory, street, office bidg.,		f in Baltimore City, give	exact location)
MEDI					
1	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	MHILE T NOT WHILE			
	22. I hereby certify that I attended		2 15 1052 4 S	ept 16 , 1963, th	nt 1 lant noon th
		2. and that death occur		he causes and on the de	
	200. SIGNATURE		38. ADDRESS		c. DATE SIGNED
	1 Om of	m , 60	wite Memoria	entroso. 9	-16-52
2.	4A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY   240. LC	OCATION (City, town, or ed	ounty) (State)
TI	ON, REMOVAL (Specify) 9/10/52	10 6/1120	1 Dans Ta	who have	
D	BURIAL 7/20/52	LATURE WORT	25. FUNERAL DIRECTOR	27 W	DRESS
	OCAL REGISTRAR	MH: MP	OLAA DT	HUALIT. John	MI OU ON
3	EP 1 8 1952 Huntington	ramame, my	was I sough	T morninger	THE NOW IT
	VS 150	and the State	00400		
4		9 5 2 0	a g n u u		



52 8636 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES WHARTON DEATH September 17, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 57 N. Caroline Street ength of stay in Baltimore Davs 6. COLOR OF RACE 9. AGE (In years | M Under ) Year | M Under 24 Hours | last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify Male Colored 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF one during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 322.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute alcoholism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY TION\_REMOVAL (Specify)

ADDRESS

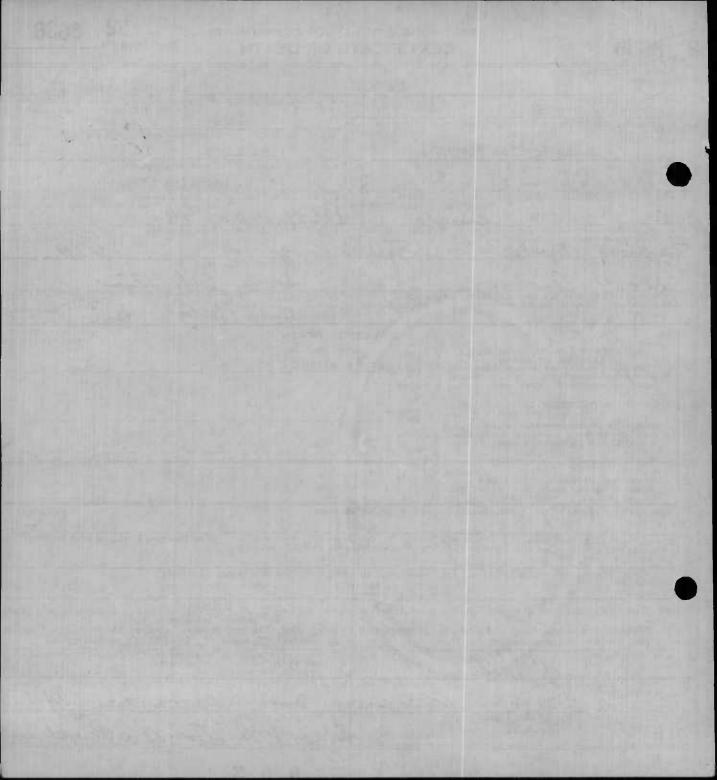
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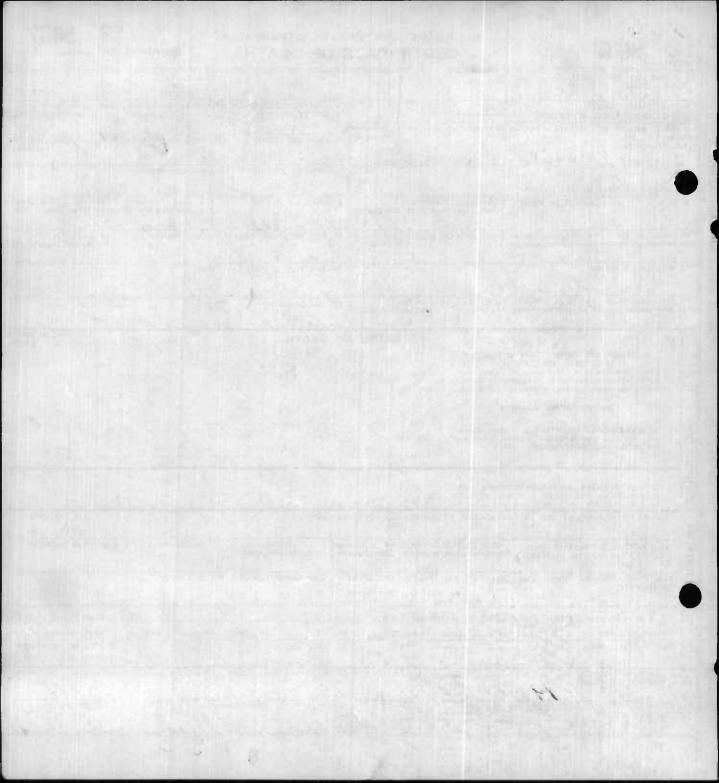
OCAL REGISTRAR

REGISTRAR'S SIGNATURE

age



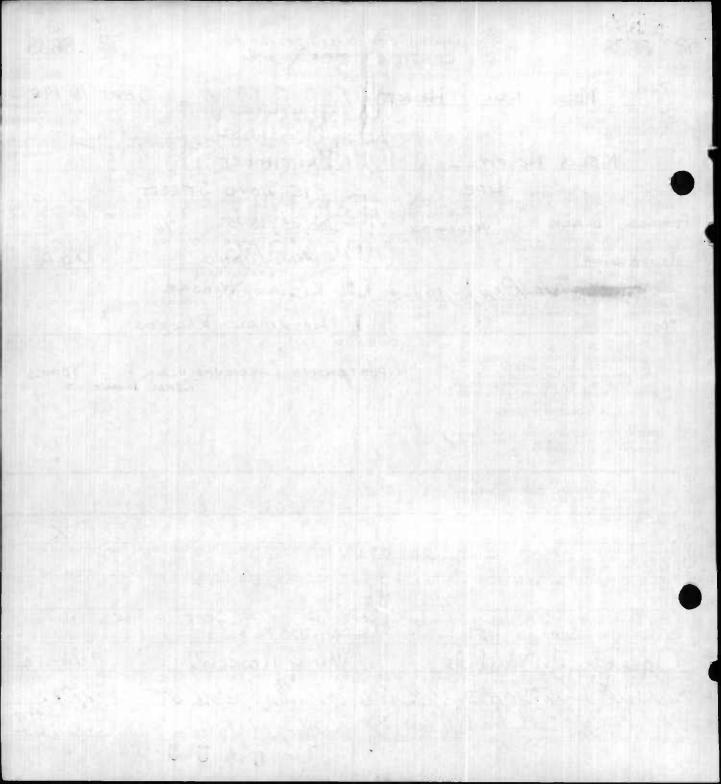
1	600 Marily N. MI	URRAY 52 SC27
1	52 8634 A 6514 CERTIFICATI	
	1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH 9-17-52
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corrocate limits, write RDRAL and give
iy.	Univ. of Maryland. Los Q.	D. STREET ADDRESS (if rural, give location)
legibly.	Length of stay in Baltimore Mos.  Days	710 W. Lexing ton St.
and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years in Under I Year Months: Days Hours Min.
clear	10A. USUAL OCCUPATION (Give kind of tobs. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
eath	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
es of d	15. WAS DECEASED EVER IN U. S. ARMED FORES? (Yea, no or anknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Physicians: please wr	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
hysicia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cerebral examples
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., in about home, farm, facto	
1 1 1	OF INJURY	
s especially	22. I hereby certify that I attended the deceased from deceased alive on 9-12, 19 Sand that death occur	, 19, to, 19, that I last saw the red atm., from the causes and on the date stated above.
t age is	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	university (400. 9-17-52
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  L	25. FUNERAL DIRECTOR ADDRESS 3210
	VS 150	COOSAS C



### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF SEPT 16 1952 (Type or Print) HUNT LUCY Nies 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside cor orang limits write RURAL and give C. CITY OR TOWN INSTITUTION townshin) BALTIMORE MERCY o. STREET ADDRESS (If rural, give location) Yrs. Mos. STREET Length of stay in Baltimore DOYD Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) FEMALE BLACK Dec. 25, 1875 WIDOWED IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARY LAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KIZIAH MOORE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No KELORDS SPITAL 18. 442X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH YPERTENSIUE CARDIOVASCULAR -(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION V 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 1952/to SEPT 16 , 1957 that I last saw the 22. I hereby certify that I attended the deceased from SEPT 16 deceased alive on SEPT 16, 1952, and that death occurred at 7:30 Pm., from the causes and on the date stated above. 23c. DATE SIGNED SA. SIGNATURE ADDRESS 24A BURIAL, CREMA-246 NAME OF CEMETERY OR CREMATORY 200. LOCATION (City, town, or county). AGGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIR LOCAL REGISTRAR untinglow

VS 150

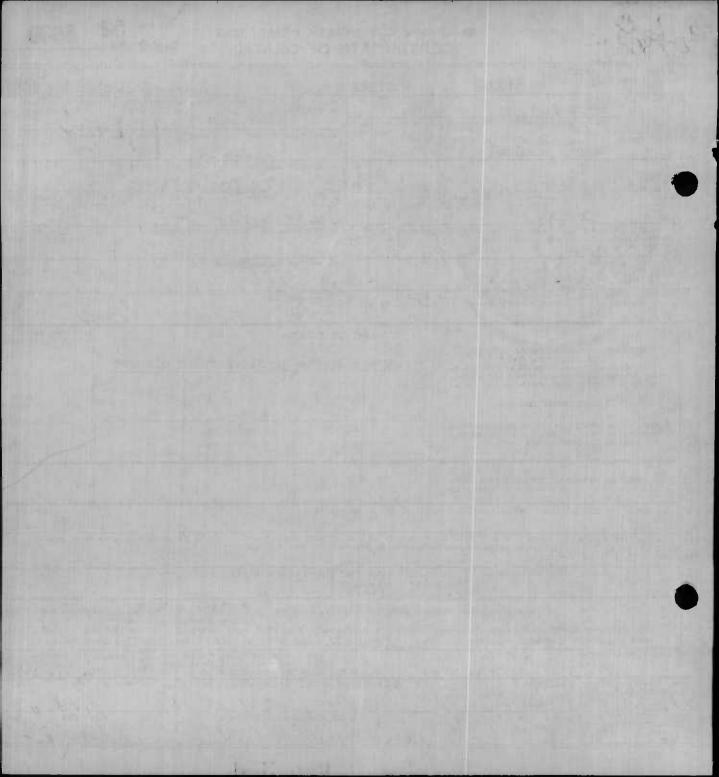


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8639
Registered No.

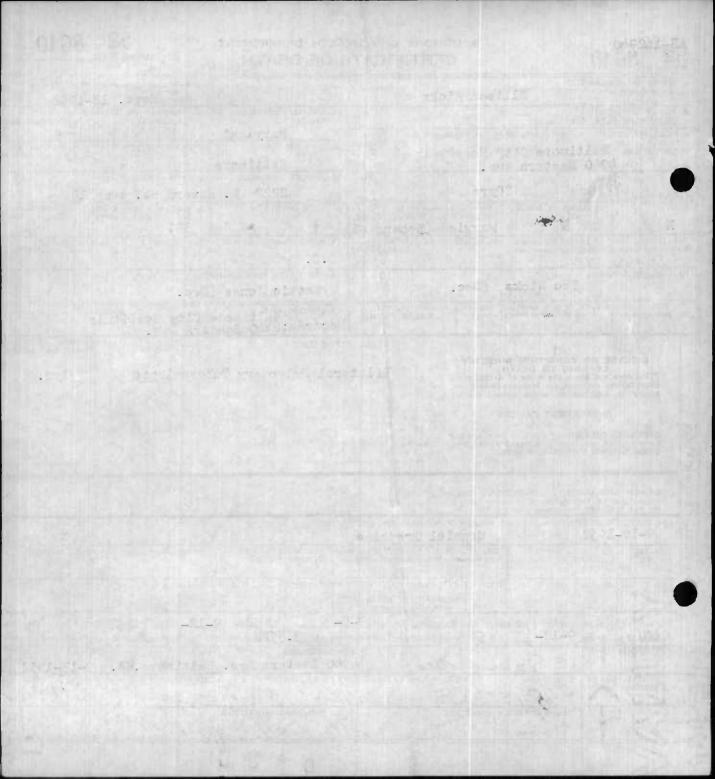
NAME OF DECEASED 2. DATE (Type or Print) FLIJAH FRIER DEATH September 16, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
B. COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR if not in hospital or institution, give street address or Maryland location) (If outside corporate mits, write EURAL and give C. CITY OR TOWN INSTITUTION township) Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 738 Bradley Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year I Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY DONCH 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg, etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A, SIGNATURE 23B, CHIEF MEDICAL EXAMINER. 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. Sept. 24A. BURIAL, CREMA-TION, RENOVAL (Specify) 24B. DA E. NAME OF CEMETERY OR CREMATORY 240; LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

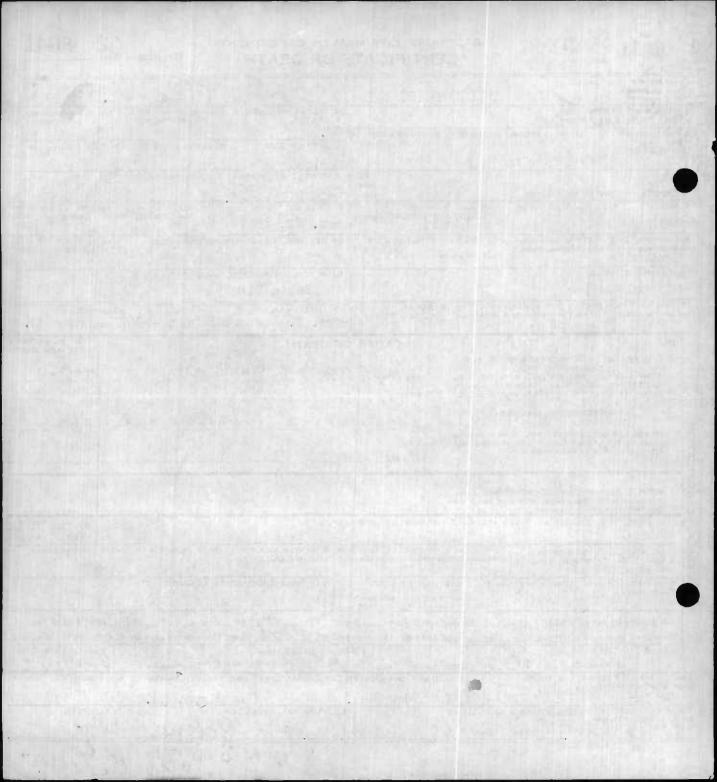
52 8640 Registered No.

BI	RTH NO.	***					
1. NAME OF DECEASED (Type or Print) Ellison Hicks						2. DATE OF	
	PLACE OF E	DEATH:	-1130m I	ILCAS	4. USUAL RESIDENCE		
	A. Baltimore City, Maryland				A. STATE	B. COUNTY	before admission)
Lie	FULL NAME			ion, give street address or location		TE autaids come wat Cimite	
IN	STITUTION	Baltimore Ci	ty Hosp	pitals	C. CITT OR TOWN	If outside corporate limits	township)
		4940 Eastern	Ave.		Baltimor		
			20	Yrs. Mos.	D. STREET ADDRESS (		
-	March andrews the state of the	out, in Destermine	20yrs	Days		Howard St. 20	
5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED. ED, DIVORCED (Specify		9. AGE (in years   last birthday) Mon	Under I Year   It Under 24 Hours the Days   Hours Min.
	M	N	Marri	ed (Separated	7	397	
work	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	DOME.	stie		MOOGIN	S.C.		WHAT COUNTRY?
13	FATHER'S			Military and Emilian	14. MOTHER'S MAIDEN	NAME	
		Doc Hick	B (Dec	• = = = = = = = = = = = = = = = = = = =	Mattie Jones	(Dec.	/
15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL			-
(Ye	, no or uzknown)	(If yes, give war or date	e of service)	SECURITY NO.	Records: 4940 Ea	re City Hospita	als
	18. 102	X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION					ONSET AND DEATH
	(This doe	s not mean the mode of	f dying, e. g	Bilat	eral Pulmonary T	lvr.	
	heart failt	ure, asthenia, etc. It mea	ns the diseas	e.	*	* *************************************	
	,			.) DOE 10			
		ANTECEDENT CAUS	ES				
0	DISEASES OR CONDITIONS, IF ANY, GIVING						
Ē	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
U			.51.	(C)	***************************************	. *************************************	******
E		11					
RTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
B	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	.D T			
1.1	19A. DATE	OF OPERATION   1		FINDINGS OF OPER	RATION		I 20. AUTOPSY7
AL	9-10-	1952 3		aial Trephine			YES NO
0		DENT WAS UNDER	218. PLA	CE OF INJURY (e.g.,		(If in Baltimore City, gi	
MEDICAL	CAUSE OF			arm,factory,street,office bldg.,	etc.) INJURY OCCUR?		
	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	ALC: UNK		m.	WHILE AT NOT WHILE			
	22. I herel	by certify that I att	ended the	deceased from 9-	9- 19 52 40	9-12- , 19 52	that I last can the
	deceased a	live on 9-12-	19 52	and that death occur	rred at 3.55PM, from	the causes and on the	e date stated above
	23A. SIGNA				23B. ADDRESS	the ended that en th	23c. DATE SIGNED
		41.6.3	Luca (		1940 Eastern Ave.	Baltimore Md	
	A BURIAL			24C NAME OF CEMETE		LOCATION (City, town,	
TIC	N REMOVAL	(Specify) 9/10/	000	Times and and a	180 (A) 1	muse and Nill	1.0
D	ATL RECEIVE	D BY DEGISTRAR	SSIGNATI	RE	25. FUNERAL DIRECTOR	CHARLET AND STATE	ADDRESS 2024
LC	CAL REGIST	TRAR A	- In	1/11.	74. 1/ 4 0	1.4.11.	077W
	SEF 10	1952 Thurter	you 1	Villacus- M.V.	My Ketu Cy	Williams 1	Ouroche SX
	VS 150	Entra History	0	7206	A 50 F		
				- 720 F	不 8 4 3 5		



### BALTIMORE CITY HEALTH DEPARTMENT 52 8641

W	COULT			CERTIFICATI	E OF DEATH	Registered	No	
-	NAME OF D	ECEACED.						
	'ype or Print)	PECEASED	MARY I	MARGARET BAYLE	Y	2. DATE OF DEATH SET	t. 16,	1952
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (		f institution :	
В.	FULL NAME		al or institut	ion, give street address or		Piali	Tim mas	
	OSPITAL OR			location)		f outside corporate limi		RAL and give
L	٥	Hood Nursin	g Home	and the state of t	Rockdale			township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)		
٠,	Length of s	stay in Baltimore		Mos. Days	3625 Hilmar Rd		5	300
	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year	If Under 24 Hours
_	male	White	Wic	VED, DIVORCED (Specify) DOWED	Apr. 22, 1857	last birthday) M	onths Days	Hours Min.
wor]	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ	EN OF COUNTRY
	Housewif		at he		Maryland		WRAI	COOMIKI
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME		
	Michael !	Haller			Charlotte Birely	7		
15	. WAS DECEASI	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	no or unknown)	(If yes, give war or date	of service)	none security No.	Mrs. J. Herbert			ar Rd.
	18. 42	2.1		CAUSE	OF DEATH			AL BETWEEN
	DISEAS	SE OR CONDITION		/0	11- 11 7.		2	AND DEATH
	(This does	LEADING TO DEAT	TH f dying, e. s	w Beru	Esstur C. O	· 10.	21	752 -
	heart failu	re, asthenia, ctc. It mea complication which c	ns the discas	e.		******************************		••••••••
	Sta Hall				- 0	5	500	
7	Z ANTECEDENT CAUSES Beneral ogs asterio Televoz							2
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT		YING CONDITION LA		HE DUE TO			11.77	
S				(C)	***************************************	***************************************		******************
ERTIFICATION		11						
N.		SIGNIFICANT CONDI						
CE		ISEASE OR CONDITION						*****
1	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. A	UTOPSY?
CA							YES	NO
EDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., in farm,factory,street,office hidg.,e		If in Baltimore City,	give exact l	ocation)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK	1/7	1111	9	
		y certify that Latt			197/, to			ast saw the
			, 1927	and that death occur	red at from t	the eauses and on t		
	23A. SIGNA	ALO 1. O.	21/	10/1 2	3B. ADDRESS	200	29c. DA	TE SIGNED
2/	1A BURIAL	CREMA- 24B. DATE	170	M. D.	DY OR CREMATORY 340 I	OCATION (City town	7	(State)
TIC	N. REMOVAL (S					OCATION (City, town	, pr councy)	(State)
_	Burial	9/18/52		Lorraine Cem	• Wood	Lawn, Md.		
	ATE RECEIVE		SIGNATU	IRE	25 FUNERAL DIRECTOR	. 1	ADDRESS	5
	Charles of a	and the second	rator 1	Villiams MT	Wm. XV	clener &	Am	7
	VS 150	1995	0	, ,	0/4 17	0 1	20	20 1
1.		Silvering the	1	4520	0 8,00	Satto 1	1,11	Ma-



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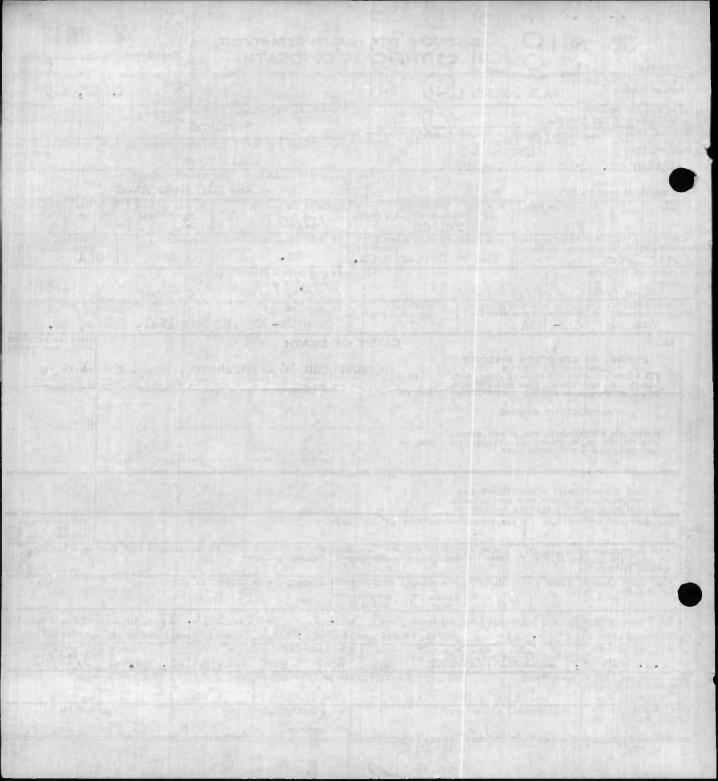
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W-460 52 8643 BALTIMORE CITY HEALTH DEPARTMEN Registered No .\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sept. 17, 1952 JACK KOENIG UHLER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF US (If not in hospital or institution, give street address or HOSPITAL OR US (Public Health Service location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Hospital INSTITUTION Baltimore Wyman Pk. Drive & 31st street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 424 Old Home Road c. Length of stay in Baltimore Days B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. If Under 24 Hours 3/27/20 Married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF USA COUNTRY? work done during most of working life, even if retired) Gas & Electric Co. Stock Clerk Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. ao or uaknowa) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, ao or uaknowa) SECURITY NO. WW2- USA Records- US PHS Hospital, Balto, Md. Yes INTERVAL BETWEEN 330X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Subarachnoid hemorrhage , repeated LEADING TO DEATH
(This does not mean the mode of dying, e.g., ll days heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., is or ā 21A. ACCIDENT WAS UNDER about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Aug. 1952 to Sept. 17 19 52that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Sept. 17,952, and that death occurred all to Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE d'infical J.A. Hunter Director US PHS Hospital, Balto, Md. 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) surla IONa 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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/		8644

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

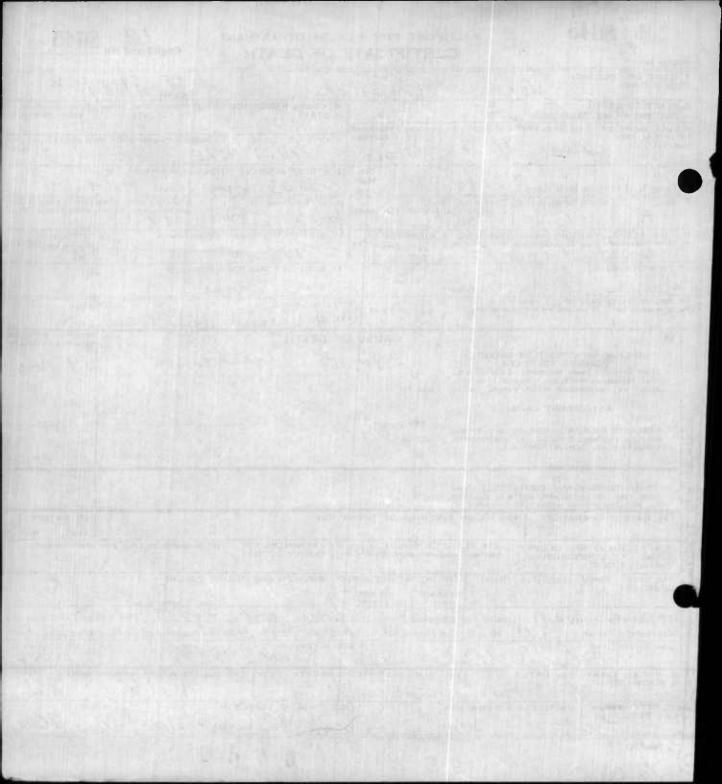
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF D					2. DATE	
_	Type or Print)		REDER	ICKA W. PI	LITT	DEATH Sept.	17, 1952
3 A	Baltimore (	City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	itution: residence before admission)
В.	FULL NAME	OF (If not in hospita	al or institut	ion, give street address or			
	OSPITAL OR	OOME Dee	1	location	C. CITY OR TOWN (If		rite RURAL and give township)
	140	2075 Roc	krose		Baltimor		to whompy
				Yrs. Mos.	D. STREET ADDRESS (If		13-08
-	Length of s	tay in Baltimore 6. COLOR OR RACE	7 SINGLE	Days E. MARRIED.	2075 Rockros	9. AGE (In years) II Unds	1 1 Year   If Under 24 Hours
f	emale	white	MIDOM	ZED, DIVORCED (Specify)	Nov. 15, 1876	last birthday) Months	Days Hours Min.
10 WOE	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   12.	CITIZEN OF
	at ho	me		110001111	Baltimore, Mar	yland	WHAT COUNTRY?
13	B. FATHER'S				14. MOTHER'S MAIDEN NA	AME	
	Unknow				Unknown		
15 (Ye	o, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESSAVE #7
					Mrs. Margaret	Feldman, 3819	Milford A
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	$\Omega$ .	A 4 /1/	A	
	(This does	not mean the mode or re, asthenia, etc. It mean	f dying, e. g	., (A)	wheat / Kewon	18	541.
	injury or	complication which ca	aused death	DUE TO			
		ANTECEDENT CAUS	ES	45	0110		5
NO	ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING						
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
0				(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
RTIFICATION							
E	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT	NOT RELATE	D Ho	nchopneumon	مد	1 wh
U	1	F OPERATION - 1 1		FINDINGS OF OPER	ATION		L20 AUTOREV2
AL	Jon. DATE C	of English of It	,,	THE INCOME OF THE	ATION		YES NO
DICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in		f in Baltimore City, give	
1111	CAUSE OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att				Jul 7 1957 1	hat I last sam the
	deceased at	live on Sept 17	1952	and that death occur	red at 6 2 m., from the	he causes and on the o	late stated above.
	23A. SIGNA	TURE /	//	2	3B. ADDRESS	A , 2	3c. DATE SIGNED
		Muh.	Leo	W M. D.	& Longwood R	tood !	1/17/52
	ON REMOVAL (S	specify)		24c. NAME OF CEMETE		OCATION (City, town, or o	, , ,
-	Burial	9/20/		Mt. Carmel	7/24	ltimore, Mar	
	ATE RECEIVE OCAL REGIST		SIGNATU	IRE O	25 FUNERAL DIRECTOR		DRESS
1	9 1959	Mustana	lon IV.	Clearers Mitt	Leonard J. Ruc	k, 5305 Har	ford Road.
1	VS 150	0	1 0	Eng	V		
				4 6 (1)	08630		

8 Longwood Road Dr. Scott

Baltyani (samplatan

### BALTIMORE CITY HEALTH DEPARTMENT 52 N 8645

BIRTH NO. CERTIFICAT	E OF DEATH	egistered No
1. NAME OF DECEASED (Type or Print) DORIS WILN	ER 2. DAT	9/18/5
a. Baltimore City, Maryland	1 (1)	ased lived. If institution: residence COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  3 in 4 i 6 5 - 6 ALTo		orporate limits, write RURAL and give township)
Length of stay in Baltimore L. C Yrs. Mos. Days	D. STREET ADDRESS (If rural, give 3533 Dennise	
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Single	S DATE OF BIRTH O ACE	(in years     Winder   Year
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OLLEGE	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
Maurie Q. Wilser	Ida Tobias	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT M. G. Wilner - 3533	ADDRESS DA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	vīt Lenkem	a 9 mos.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg., CAUSE OF DEATH		imore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT WORK AT WORK		17
22. SIGNATURE	flight, 19 V, to Dept of the cause 23B. ADDRESS	195, that I last saw the sand on the date stated above.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	Dinai 100 sy.	(City, town, or county) (State)
TION, REMOVAL (Specify) 9-19-19-52 Windson M.	ill Red B	alto mel
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Jack Lewi Ine 21	100 Enter Place
DEP vs 95 1932	0 6 4 9	



Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

## BALTIMORE CITY HEALTH DEPARTMENT

52 8646

В	IRTH NO.	E OF DEATH	
	NAME OF DECEASED	2. DATE	
(1	Type or Print) Wohlfort, Mrs.	VerANICAJ, DEATH Sept	16 1957
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution, residence before admission
В.	FULL NAME OF (If not in hospital or institution, give street address o		berore admission
	OSPITAL OR location	c. CITY OF TOWN (If outside corporate imits, w	
4	Church Hone of Hospital	Baltimore	township
	Yrs.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore 17 yrs Mos. Days	105 S. Curley Stre	et
5.	SEX 6. COLOR OR RACE 7. SINGLE, MAKRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. ACE (In years     iiid last birthday) Month	ler I Year   If Under 24 Hours
	t. W. Married	12/2/1894 57	Days Hours Bill.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BRTHPLACE (State or foreign country)   12	CITIZEN OF
	Housewife AT HOME	Maryland	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	asij
3	George HArteMANOWSK:	D.11:0 H 56	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	RESS
(Ye	a, no or unknown) (If yes, give war or dates of service)	1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	700   213-20 703	O THEN BY J. WOHLFORT	INTERVAL BETWEEN
		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OCAYCINOMA of Colon	11 00 11
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OCAYCINOMA of COLON	4 //ONThs
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
z	(B)		
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
	UNDERLYING CONDITION LAST.		
FICA	(C)		
님			
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
ب	514 163 0. 15	RATION Local	20. AUTOPSY?
S		las With Obstruction + Spread	YES NO L
EDICA	21A. ACCIDENT WAS UNDER.   21B. PLECE OF INJURY (e. g., LYING OR CONTRIBUTING   about home tarm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
ME	CAUSE OF DEATH		him the little
H	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from 9	1- 1012 10 9/16 1012	hat I last saw th
	deceased alive on 9/15, 1952 and that death occid	3 08 -	
			23c. DATE SIGNED
	7. Reed Carroll M.D.	Church Home 3 Hospital	9/16/5
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY   24D. LOCATION (City, town, or	county) (State)
110	RURIAL 9-20-52 OAK LA	WN CEM. 7225 EDSTEP	N DIVIE MI
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR	DDRESS
L	OCAL REGISTRAR # + + MII.	2:1 9015.0	ONKLNG G
=	SEP 18 1957 Tunkington Villalles, Mys.	ramento so James.	10 31
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2 Frans. Angline Charles (Strate Andrews) HE ZOT WELL SERVICES correct age is especial, important. Physicians: please write the causes of death clearly and legibly

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8647

	ВІ	RTH NO.	LOI BLATTI
		NAME OF DECEASED David G. Patt S.	2. DATE OF 9/16/5-2
	A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	C. CITY OR TOWN (If outside corporate limits, write RORAL and give
		Lutheran Woshital	D. STREET ADDRESS (If rural, give location)
192	c.	Length of stay in Baltimore Mos. Days	843 Woodward st.
THE PARTY OF	5. M	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORGED (Speedy)  Male White Manne W	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year Months Days Hours Min.
	10	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  OSK (108)  Che Office (108)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Teach	13	Peter Part Granto (M)	14. MOTHER'S MAIDEN NAME
10 20	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? A, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Stella Part 843 Woodward st.
3		18. 442X CAUSE	
211		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	te Cardia Collano 1 de
201		(This does not mean the mode of dying, c.g., (A)	1
TAN		ANTECEDENT CAUSES AME	Herrine Cardio Varantas
Cas	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING	Renal Disease 3/2
. 1	<	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
CICALL	TFIC	II.	
A LLY ST	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
3	1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
75 0011	DICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., 6	n or   21C. WHERE DID (If in Baltimore City, give exact location)
1	Ш	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
2		OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
CCIG		22. I hereby certify that I attended the deceased from 7	10 , 194), to 4/16 /, 19 , that I last saw the
Teo.		deceased alive on 4//6, 1957, and that death occur	rred at 430 m., from the causes and on the date stated above.
2		Athish's Layeacts MD M.D.	679 hashir-star Mid 9/18/12
200	71¢	N REMOVAL (Specify)	RY GREREMATORY 240. LOCATION (City, town, or county) (State)
2776		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5		SEP 181952+ tington Williams, M.P.	No ook Inc. 1217 St. Paul I.
		VS 150	398619
			and the second

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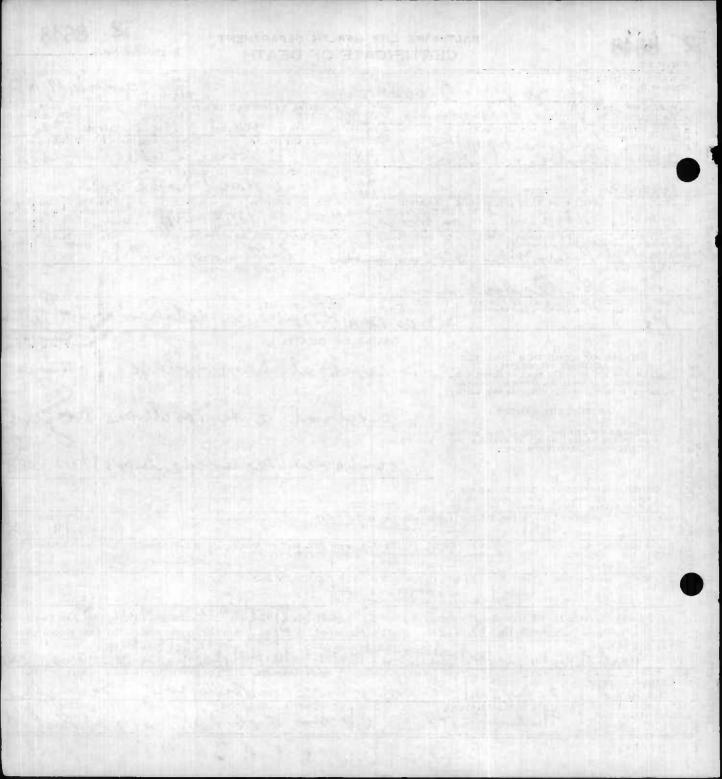
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Registered	No		

В	IRTH NO.							
	NAME OF D	George	W	Isbourn			OF Sep	tember 17, 1952
	PLACE OF D Baltimore	City, Maryland	altimo	re Gity, Mary	4. USUAL RESID	ENCE (Whe	re deceased lived, I	f institution; residence before admission)
	FULL NAME	OF (If not in hospit	al or institution	n, give street address	or	land	Bally	your city
IN	M30 A	h Herton it	Rospil	more 16. M.	Ba	etime	me Gite	Mary Cownship)
	16		· Nonzone	Yrs	111.0		al, give location)	1
	Length of s	tay in Baltimore		Mor Day	8 1720	Mount	Royal 1	rve,
	mele	white	N	n am d	19arch 31,	1878	74 -	H Under 1 Year H Under 24 Hours In the Days Hours Min.
MOL	k done during most	CUPATION (Give kind of porking life, even if retired)	10B. KIND	DF BUSINESS OR	11. BIRTHPLACE	State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	A-Pattern M	char G.	Colherry Bus	14. MOTHER'S MA	lemor	a, md.	
	John m	H. O.	R-1	(M	14. MOTHER'S MA	AIDEN NAM		
15 (Ye	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS Balk
_	no	_		23-05-5290	A. Hospital	record	s, Lutheran	Horyital, Malman
	18. 42	2.1		CAUSI	OF DEATH			INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH	0.0	rebral h	Om de	mbase	ma da
	heart failt	s not mean the mode oure, asthenia, etc. It mea complication which	ns the disease,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	JO77 LU-	rruge	- one orang
	1113013	ANTECEDENT CAUS		502 15	0 0	.,	, 0,	
Z	DISEASE	S OR CONDITIONS, I		(B) Cly	ebral a	rten	'as clevos	is Two years
ATIC	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	DUE TD				
-IC				can	dio vascula	r ante	in oschoo	n's two years
TIF	OTHER 6	II SIGNIFICANT COND	TIONS	(c)				
FE	TRIBUTING	G TO THE DEATH, BUT	NOT RELATED					
L				FINDINGS OF OP				20. AUTOPSY?
CA	21A ACCIDE	ENT, SUICIDE,	1 218 PLAC	E OF INJURY (o. g	. in or   21c. WHERE [	DID (If i	n Roltimore City	give exact location)
EDI	HOMICIDE	(Specify)		m, factory, street, office bld		JR?	n Baitimore City,	give exact location)
7	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCUP	RED 21F. HOW DIE	O YAULNI C	CCUR?	
	OF INJURY			NOT WHI		245		G30
		y certify that I att			entember 1 195	1, 10 m	1 mul 195	L, that I last saw the
		live on Sentember	1,419 52, ar	ed that death occ		., from the	causes and on	the date stated above.
	23A. SIGNA	dal N. M. 2	ander to	- assistant	238. ADDRÉSS	vital 73	Ash Durton	SPANNIN 1950
24	4A. BURIAL.	CREMA- 248. DATE	24	C. NAME OF CEME	ERY OR CHEMITTEE	24D. LOC	ATION (City, town	n, or county) (State)
TIC	Bure &	P 7/20	152	Lordon a	Purk	Balte	more,	maryland
	ATE RECEIVE		SIGNATUR	£/11.	25. FUNERAL DIE	RECTOR		ADDRESS 1
-	SED 18	A CONTRACT OF THE PARTY OF THE	uglow 1	Villacus M	P. Wm. Gor	ole, tu	C. 1217	16 Hand to

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

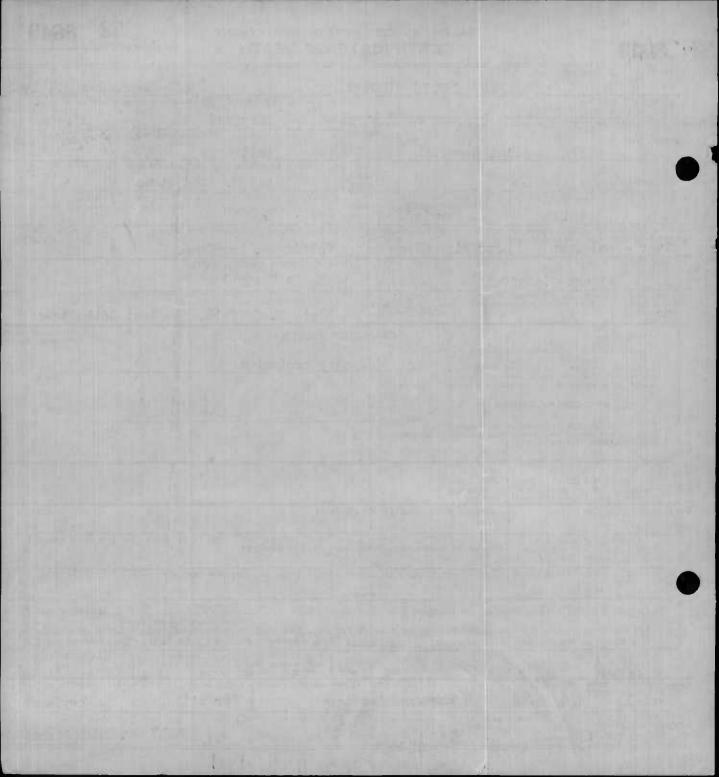
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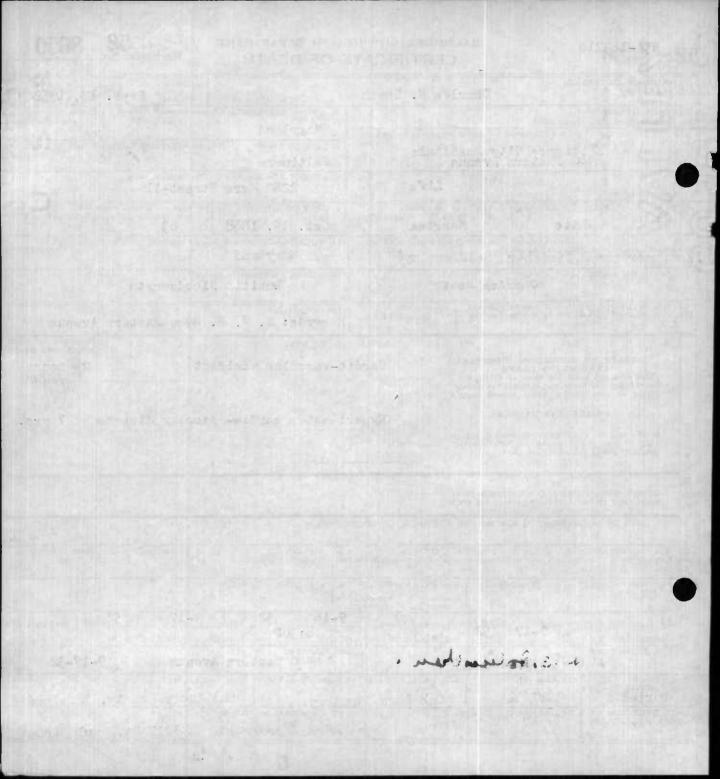
	BIRTH NO.			
	1. NAME OF DECEASED (Type or Print)	2. DATE		
	3. PLACE OF DEATH:	DEATH Septemb		
	A. Baltimore City, Maryland	A. STATE B. COUNTY	before admission	
	B. FULL NAME OF (f not in hospital or institution, give street address or HOSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporar limits w	nite RUBAL and giv	
	Union Memorial Hospital	Baltimore	township	
ľ	Yrs.	D. STREET ADDRESS (If rural, give location)		
	c. Length of stay in Baltimore Mos. Days	518 E. 32nd Street		
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Male   White   Married	Sept. 30, 1901 9. AGE (In years Month)	I Year If Under 24 Hours B Days Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF	
	Driver - Salesman Parisian Cleaners	Raltimore, Maryland	WHAT COUNTRY	
	13. FATHER'S NAME CLEONING & DYING	14. MOTHER'S MAIDEN NAME		
	Albert C. Saffell	Mamie Blatchley		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL  7.5. CURLEY, NO.	17. INFORMANT ADDR		
	no k15-03-0262	Elsie C. Saffell, 518 East 35t	h Street	
	18. 42011 CAUSE	OF DEATH	INTERVAL BETWEEN	
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
4	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease.	nary occlusion	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
	<u>O</u>			
	OTHER SIGNIFICANT CONDITIONS CON-			
	TO THE DISEASE OR CONDITION CAUSING IT.			
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7	
	21a, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in	n or   21c. WHERE DID (If in Baltimore City, give	YES X NO	
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about bome, farm, factory, street, office bidg., e		exact location)	
	OF INJURY  OF INJURY	ED 21F. HOW DID INJURY OCCUR?		
1	22. I certify that I took charge of the remains described a	bove, held an Autopsy th	hereon and from	
	the evidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry		
	and death in my opinion resulted from: natural causes	L 🖪, accident □, suicide □, homicide □, unde	termined $\square$ .	
	23A. SIGNATURE	ASSISTANT MEDICAL EVAMINED [M]	ATE SIGNED	
	24A. BURIAL CREMA-1 24B DATE VAC NAME OF CEMETER	.D.   MEDICAL INVESTIGATOR	t. 17, 1952 ounty) (State)	
	Burial 9/20/52 Parkwood Ceret	D 1 1-	Maryland	
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE		DRESS 4	
	SEP 181952 Huntington Williams, M.Z.	Vm. Cook, ne, 1217 St. Pa		
11	VS 151 683,	868611		

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Registered No. 8650

_B	IRTH NO.						
	NAME OF D	ECEASED	Char	les E. Heath		OF Sept.	17, 1952
Α.	PLACE OF D Baltimore ( FULL NAME	City, Maryland	.)	ion, give street address or	4. USUAL RESIDENCE (YA. STATE Maryland	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
H	OSPITAL OR			location)		outside corpo a limits	write URAL and give
IN	NOITUTION	Baltimore C: 4940 Easter	Avenu	pitals e	Baltimore	0	township)
C.	Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRESS (lf 2240 Mura		
	Male	White	WIDOW	. MARRIED. ED, DIVORCED (Specify) Arried	8. DATE OF BIRTH Oct. 15, 1888		nder l Year   H Under 24 Hours ths Days Hours Min.
Vyor F I	DA. USUAL OC L done during most DOT SCTAP	CUPATION (Give kind of of working life even if retired) OF & INISHE	Self	of BUSINESS OR INDUSTRY	Mary land	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S 1		rles He	( M)	14. MOTHER'S MAIDEN N	Bloodsworth	
(Ye	5. WAS DECEAS 25, no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H	. 4940 Eastern	DRESS Avenue
	18. 44	3X .		CAUSE	OF DEATH	The second secon	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		Card	io-vascular accid	ent	24 hours
	(This does	LEADING TO DEAT	f dying, e. g	(A)			24 nours
		re, asthenia, etc. It mea complication which					
		ANTECEDENT CAUS	ES				
z				(B) Hype:	rtensive cardio-v	ascular diseas	e I yrs.
l 은	RISE TO T	S OR CONDITIONS, II	STATING TH				
A	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************	************************************	
1L	The same			-			
RTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
CE		TO THE DEATH, BUT					
1	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
NA.							YES NO X
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, gi	ve exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	SF MUSCHI		nı.	WHILE AT NOT WHILE			
	22. I hereh	or certify that I att	ended the		9-16 152 to	9-17 19 52	that I last saw the
	deceased a	live on	1952	and that death occur	rred at 8:30P m. from t	the causes and on the	
	23A. SIGNA	TURE _		1	23B. ADDRESS		23c. DATE SIGNED
		Hic John	no ben	м. р.	4940 Eastern		9-17-52
2 Ti	AA. BURIAL.	Specify		24c. NAME OF CEMETE		OCATION (City, town, o	
_	Burial	9/20/52		Oak Lawn Cer	netery Bal	Ltimore County	, Naryland
P	ATE RECEIVE OCAL REGIST	RAR- 1	1 11	RE	25. FUNERAL DIRECTOR		ADDRESS
	SEP 18	1952 Thunting	ston /	Miaus M.P.	Wm. Gook, h	1217 St.	Paul Street
	VS 150			690	240 0 6 1	5	
		12 Mary Market		0 5 2 0			



correct age is especially important. Physicians: please write the causes of death clearry and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S2 8651 Registered No.

BIRTA NO.	
1. NAME OF DECEASED (Type or Print) JOSEPH F. KING	2. DATE OF DEATH 9/17/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
INSTITUTION	C. CITY OR TOWN (If outside corporate paits, write) RUIAL and give township)
1612 Linden Ave.	Baltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 17 yrs Mos. Days	1612 Linden Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
M W Married (Specify)	Oct 20 1899   S2   Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Fgt. Conductor   Railroad	Penn
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas F. King	Barbara T. Conway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no	Regis King 1703 St. Paul St.
	OF DEATH INTERVAL BETWEEN
1777	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	men cell Carrinoma
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mus car caravorro
injury or complication which caused death.) DUE TO	es left gengiva with 25 m
ANTECEDENT CAUSES	to the tarmond
241	ension and up annu
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	J.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERA	ATION
1 1 0 - 10 - 1 0 t	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	
21a, ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING boout home, farm, factory, street, office bidg., et	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 1	Sept , 195/, to 17 Sept , 1952 that I last saw the
	red at 7 A m., from the causes and on the date stated above.
	38. ADDRESS . / / / /   23c. DATE SIGNED
Stithur & Swomsker M.D. 1	15 E. Buddle St. 2. 2 18 Sept 52
	RY OR CREMATORY   24D. LOCATION (City, town, or county) / (State)
	ol Com Doltimore Manager
Burial 9/20/52 New Cathedra	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 18 1952 Tuntington Williams, M.	CHARLES F. EVANS & SON
VS 150	118 W. Mt. Royal Ave.
520050	
	0.1

Lurenske. rate Bride

Registered 52 8652

ВІ	RTH NO.			CLIVIII ICAI	E OF BEATTI		
	NAME OF DECE ype or Print)	ASED	tanle	1 Trit	-	2. DATE OF DEATH	,17,1952
Α.	PLACE OF DEAT Baltimore City	, Maryland	56	0	A. STATE	Where deceased lived.	institution: residence before admission)
H	FULL NAME OF DSPITAL OR STITUTION			on, give street address o location		f outside corporate limi	s, write RURAD and give township)
	30	HNS HOPKINS	HOSPIT	Yrs.	o. STREET ADDRESS (If	pural, give location)	^
c.	Length of stay	in Baltimore		Mos. Days	1 331 % (s	heater	24
5.	MALE 6.	WHITE	WIDOW	MARRIED.	B. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under I Year   If Under 24 Hours on the Days Hours Min.
1 C worl	doneduring most of wo.	PATION (Give kind of rking life, even if retired)	ioв. кing Self	OF BUSINESS OR INDUSTR	Baltimore Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAM				14. MOTHER'S MAIDEN N	IAME	
	Thomas	B. Trott			Sarah Mc Dev	itt	/
15 (Ye	. WAS DECEASED E	VER IN U.S. ARMED If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	.4	DDRESS
	18. 117 7	and 26	ΔX	CAUSE	OF DEATH	OSITIAL	INTERVAL BETWEEN
	DISEASE LE (This does no heart failure, a	OR CONDITION CADING TO DEAT t mean the mode of asthenia, etc. It mea application which c	DIRECTLY H f dying, e.g. ns the disease	, Pul	monary Tub	berculosis	UN KNOWY
	AN	TECEDENT CAUS	ES				
RTIFICATION	RISE TO THE	R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA	STATING TH				
S				(C)			********
CERTIF	TRIBUTING TO	II VIFICANT CONDI O THE OEATH, BUT ASE OR CONDITION	NOT RELATE	Diabet	tes Mellitu	′s	3-4 yrs,
Ι.	19A. DATE OF C	The state of the s		FINDINGS OF OPE	RATION		YES NO V
EDICAL		T WAS UNDER- ONTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.		If in Baltimore City,	
	210. TIME (Mos	nth) (Day) (Year)		1E. INJURY OCCUR		Y OCCUR?	
			m.	WORK NOT WHILE	LI.	0115	
	22. I hereby c	ertify that I att	ended the	deceased from	rred at 2.20 m., from	the causes and on t	that I last saw the
	23A. SIGNATUE		1	wards.	23 JOHNS HOPKINS HO		9-17-52
2. TI	AA. BURIAL. CRE ON, REMOVAL (Spec	MA- 24B. DATE	2	4c. NAME OF CEMET		OCATION (City, town	, or county) (State)
D.	ATE RECEIVED E	Y   REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
L	SEP 18	32 thun	tington	Will	John A. Moran	3000 E. Ba	lto. St
	VS 150		0	42	06A	7	
	West States		=1 13	5 2 53	0/8 5 4 7		

A THE WAY TOWN YOUR END OF  52 8653

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8653
Registered No.

В	IRTH NO.			CLICITI	ICATI	- OI DEATH		
	NAME OF I		RON MOS	SHKEVICH	I		2. DATE OF Sej	pt. 18, 1952
	PLACE OF D	City, Maryland				4. USUAL RESIDENCE	(Where deceased lived, ) B. COUNTY	If institution : residence before admission)
В.	FULL NAME		al or institut	ion, give stree	t address or	Maryland	b. COONTT	Defore admission)
11	OSPITAL OR				location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
A	()	423 Norman	dy Aver	nue		Baltimore	10	township)
					Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		stay in Baltimore	70	years	Days	423 Normand	ly Avenue	
5.	SEX	6. COLOR OR RACE		E, MARRIED.		8. DATE OF BIRTH	9. AGE (In years last birthday)	1 Under 1 Year   Il Under 24 Hours Aonths: Days Hours Min.
	Male	White	Mari	ried		March 16, 1874		
1 C	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINE	ESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
	Groce	r	Ref	tired		Russia		U.S.A.
13	. FATHER'S	NAME		THE STATE		14. MOTHER'S MAIDEN	NAME	
		rris Moshkevi				Unknown		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIA	L NTY NO.	17. INFORMANT		ADDRESS
,				SECOR	arr No.	Mrs. Helene Mo	shkevich -423 I	Normandy Avenue
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEATS s not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDITION S TO THE DEATH, BUT DISEASE OR CONDITION	'H f dying, e. g ns the disease aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(A)  (B)  (B)  (C)	Hy H 2	eneralized O	HEMORRHAG VR CVR Digean Exterior les	Years Years
AL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS	OF OPER	ATION		20. AUTOPSY?
<b>IEDICA</b>	21A. ACCIL LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJU arm, factory, street			(If in Baltimore City,	
F INJURY  (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  MORK TWORK								
	22. I hereb deceased a 23A. SIGNA			deceased frand that de	eath occur	red at 6 m., from 3B. ADDRESS		that I last saw the the date stated above.
24 TIC	A. BURIAL, ON REMOVAL (S Burial	CREMA- 248. DATE Specify) Sept. 19					Baltimore, Mar	
	TE RECEIVE	D BY   REGISTRAR			A. M.	25. FUNERAL DIRECTO		W. north ove.
			V					

1 4 5 4 4 4 4 8 6 4 8

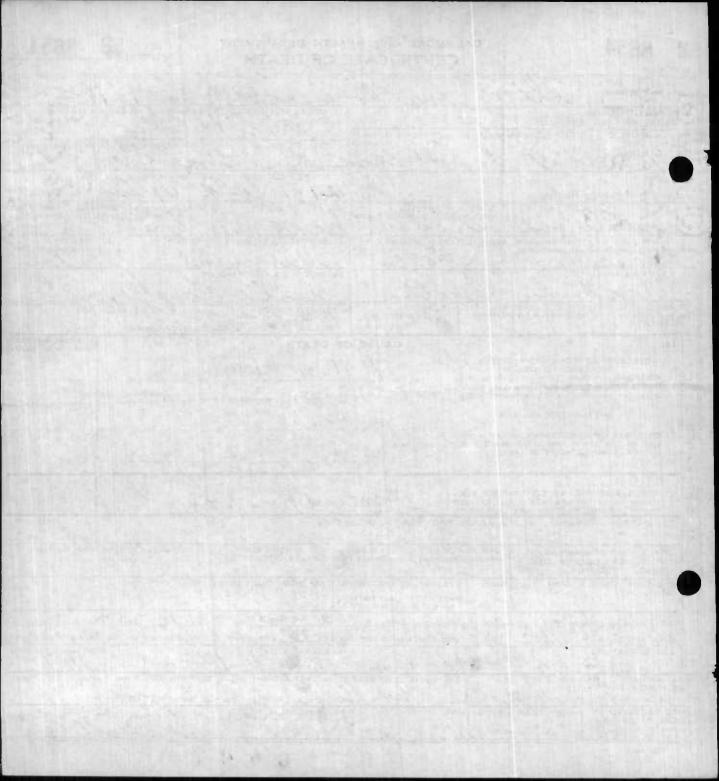
### BALTIMORE CITY HEALTH DEPARTMENT

	5.
Registe	red

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL TESIDENCE (Where deceased lived, If institution: residence

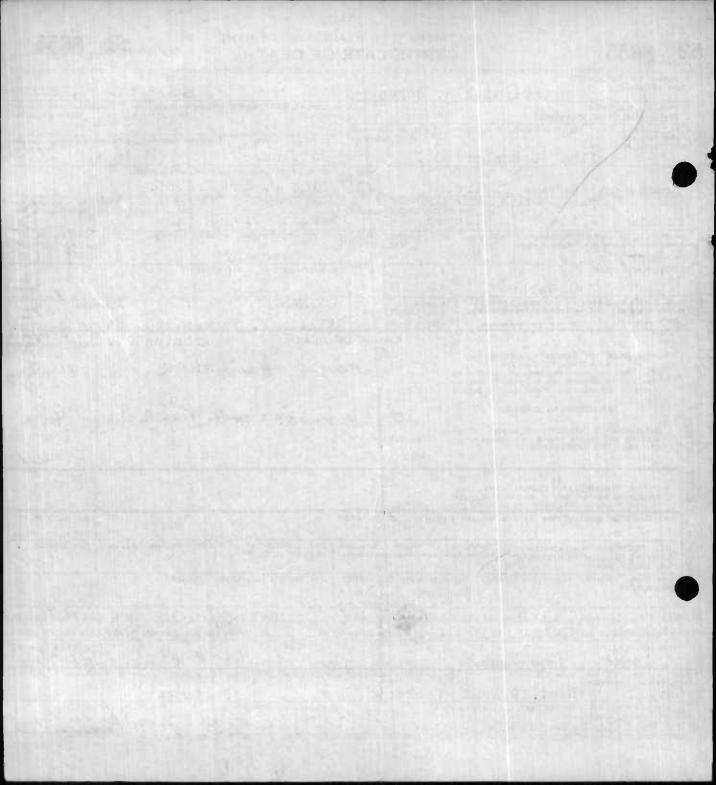
B. COUNTY before admiss 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (township) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR DR RACE 7. SINGLE, MARRIED WIDOWGD, DIVORCED (Specify) 9. AGE In years last hythday Winths Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT COUNTRY Hausewell 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 50.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY y Terioselerosi LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ER OTHER SIGNIFICANT CONDITIONS CON-Agocarditis - Texminal TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c, WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT - Z1195° 22. I hereby certify that I attended the deceased from Saft 2 tt. 16, 195, that I last saw the deceased alive on Salst 16 23c, DATE SIGNED 23A. SIGNATURE 23B. ADDRESS M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Juna DATE RECEIVED BY REGISTRAR'S SIGNATURE unten

VS 150



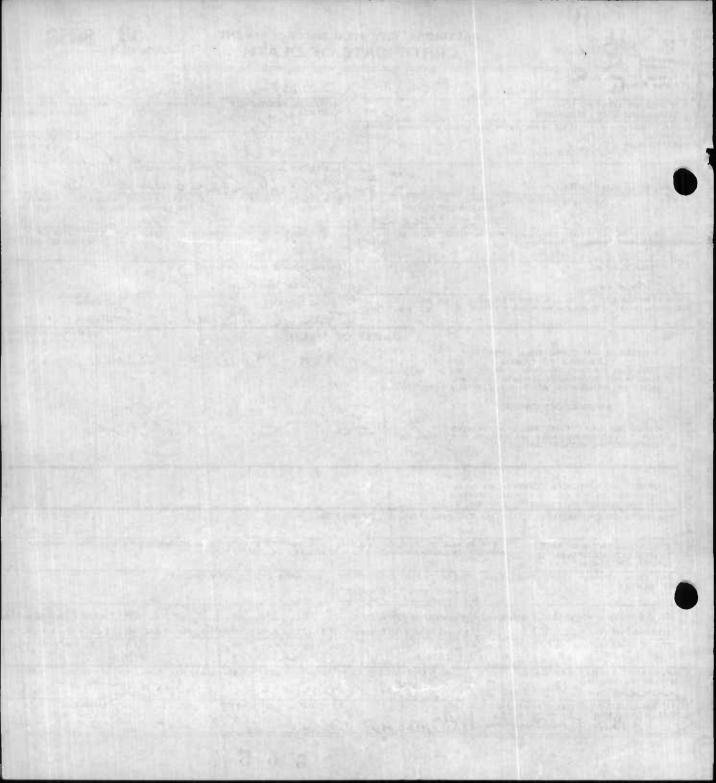
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8655

BIRTH NO.						
1. NAME OF D (Type or Print)					2. DATE	
		Istina	W. Rogan		DEATH Sept.	
	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If ins	before remission)
B. FULL NAME HOSPITAL OR INSTITUTION			on, give street address or location)	C. CITY OR TOWN	If outside corporate limits, v	write RURAL and give township)
1	1106 W. I	Lombard	St.	Baltimore		vo w montp)
			Yrs. Mos.	D. STREET ADDRESS (I	Court of the Court	
	tay in Baltimore	62 Yrs	Days	1106 W. Lom	bard St.	
5. SEX	6. COLOR OR RACE	WIDOW	ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years   Ua	der I Year   If Under 24 Hours hs: Days   Hours   Min.
Female	White	Wide	wed	March 22,1878	742	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	Duties	Hon	ne	Germany		
13. FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	
	Webe:	r				
(Yes, no or unknown)	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
		and the second	None	William F. Th	omas.1207 St	evens Ave.
18. , 41	3 X			OF DEATH	Arbutus 27.	INTERVAL BETWEEN
	E OR CONDITION	DIRECTLY	0	1 . 1		ONSE! AND DEATH
	LEADING TO DEA	TH	. Cer	relief homos	inhoce	24 lera.
heart failu	re, asthenia, etc. It mes	ans the disease	) DUE TO		0	
			//	n tensuis Cond		
7	ANTECEDENT CAUS	SES	Habe	in beusine Cord	ii Vascula aix	ener Mears.
O DISEASES	OR CONDITIONS,		G (B)		inimity and described with A. etc	
	HE ABOVE CAUSE (A)					V
0			(C)	***************************************	***************************************	
1	11					
OTHER S	IGNIFICANT COND					
O TO THE D	SEASE OR CONDITION					d=
J 19A. DATE C	F OPERATION 1	198, MAJOR	FINDINGS OF OPER	RATION		20, AUTOPSY?
\documents	9				/re: p. h: G:	YES NO
	ENT WAS UNDER-		CE OF INJURY (e. g., i arm,factory,street, office bldg.,		(If in Baltimore City, give	e exact location)
EAUSE OF	DEATH					
2 1D. TIME OF INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR		RY OCCUR?	
		m.	WORK NOT WHILE			
22. I hereb	y certify that I at	tended the	deceased from	d. 1946, toS	eft 15 , 190° 2	that I last saw the
			and that death occur		the causes and on the	
23A. SIGNA	TURE			23B. ADDRESS		23c. DATE SIGNED
Chan	es (omn	rasello	м. D.	900 W. Combo	ed of	Self 17/52
24A. BURIAL, C	REMA- 24B. DATE	2	4c. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
Burial	Sept.19	9,1952	Patkwood	В	altimore	
DATE RECEIVE		'S SIGNATU		25. FUNERAL DIRECTOR	A	DDRESS
SED 1819	52 11- 1:	ton We	lliams, My	tred & Va	Po. 1913WA	allerine 31-
VS 150	Tourism	1				
"		1	0 5 0 0		3 83	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE 1. NAME OF DECEASED (Type or Print) SHER Jennie Scher OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION May D. STREET ADDRESS (M rural, give location) Yrs. 40 ength of stay in Baltimore Laverson Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jousem 114510 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO pertens or Arterio-Sclerotic ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED u TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and of the date stated above. 10 , 191) Land that death occurred at. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE 24A BURIAL CREMA-TION REMOVAL (Specify) 24D. 49CATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE ADDRESS DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR

VS 150



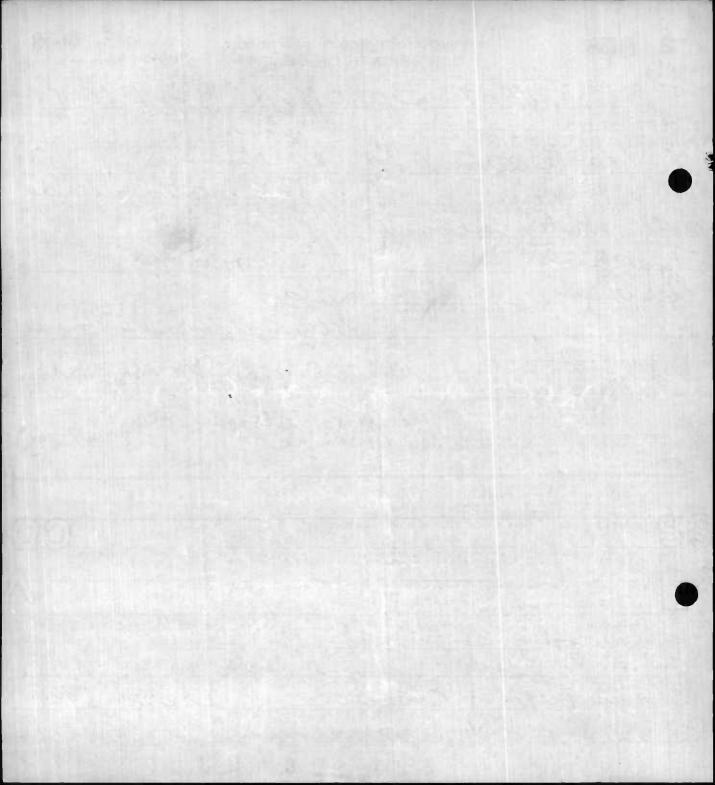
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59 985m BALTIMORE CITY H	EALTH DEPARTMENT 52 8657  E OF DEATH Registered No.
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED D	2. DATE (1 /2 /2 )
MEDIVER WEIT	MHN DEATH 9-18-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital) or institution, give street address of location	
2517 Luden aul	Calturace 13-0 township
Yrs. Moor	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years Months Days Hours Min.
10A. JSUAL OCCUPATION (Give kind of   10B. KIND OF BUSINESS OR	II. BIRTHELACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  NDUSTR'	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Saac	Tanne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17, INFORMANT ADDRESS
	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	ronary montosis 9 tro.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ronon Aclerosio 3 mos.
ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	21F, HOW DID INJURY OCCUR?
OF INJURY  M. WHILE AT NOT WHILE  M. WORK  AT WORK	
22. I hereby certify that I attended the deceased from M	1952, to Lept 18, 1957, that I last saw th
deceased alive on 19 12, and that death occu	erred at
Laura & Mice	920 St. Paul 23c. Date SIGNED Sopt. 18.52
248. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMET	
Humal (Specify) 9-19-12 Seven	e hun Hatto, ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
SED 101059 Tourtington Williams, M.P.	Walk sewis One 7 100 Octavo 12
vs 150	100 116
	70 70 1 5 9

rifysicians: please write the causes of death clearly

correct age 12

gro Hoods

-455'	
52 8658  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered N	2 8658
1. NAME OF DECEASED ALBERT SOLOMON 2. DATE G-	18-15-
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
6209 Restertour (d Callimore)	-2 town hip
c. Length of stay in Baltimore  Yrs. D. STREET ADDRESS (If rural give location)  Days 6209 Resolutions	e Kd
	Under I Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Givekindof vorting life, even light for the light of the lig	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. NEOPMANT	
(Yes, no or nnknown) (If yes, givs war or dates of service) SECURITY NO. SECURITY NO. SECURITY NO.	Jame
18. 4 20.0 I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Acute Coronary Mrsms	15 Instanton
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES anterio Scleratic Heart	4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	about 190
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER:   21B. PLACE OF INJURY (6. g., in or   21c. WHERE DID (If in Baltimore City, g.	YES NO
LYING OR CONTRIBUTING   about home, farm, factory, strest, office bldg., stc.) INJURY OCCUR?	ve exact location;
ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
m. WORK AT WORK	17
deceased alive on Sept 10, 19 2, and that death occurred at 13, from the eauses and on the	that I last saw the date stated above.
23A. SIGNATURE C. Gluch 23B. ADDRESS Reisters town Not	23c. DATE SIGNED
2/A. AURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, Tion Semoval (Special)	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 95. FUNERAL DIRECTOR	ABDRESS
SEP 19 1932 Hatinton Williams, M.P. Jack Lewis one 21006	Sectar 12
VS 150 1 9.5230640 8 6 5 3	

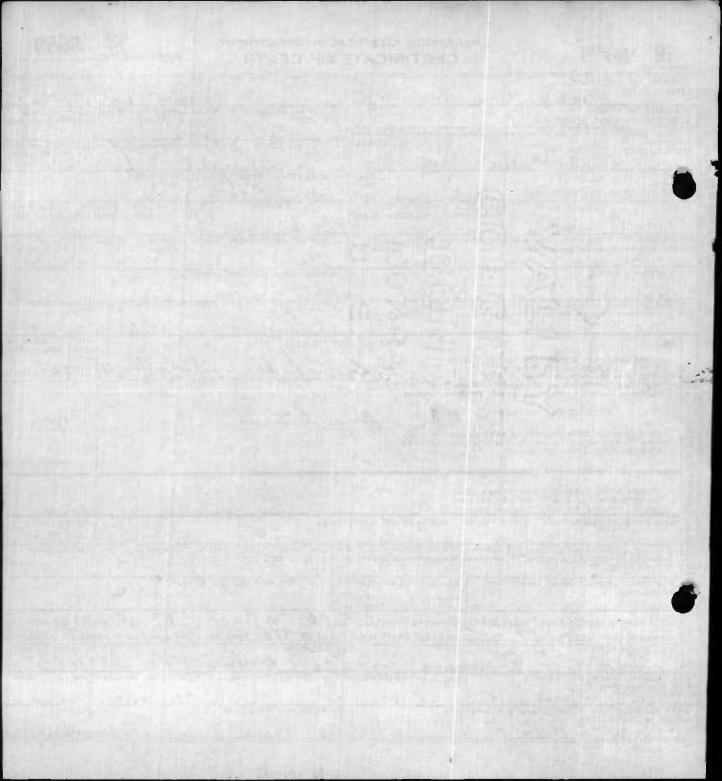


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Weinreich Mahle DEATH DED! 4. USUAL RESIDENCE (Where deceased lived, I institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Imore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Hrunah Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years It Under I Year last birthday) Months; Days Hours Min. 1901 married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Hom Hom 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jilliam Jwens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. unah 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL VES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from . 193 2 that I last saw the deccased alive or 195 Land that death occurred at 4 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. LUNIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

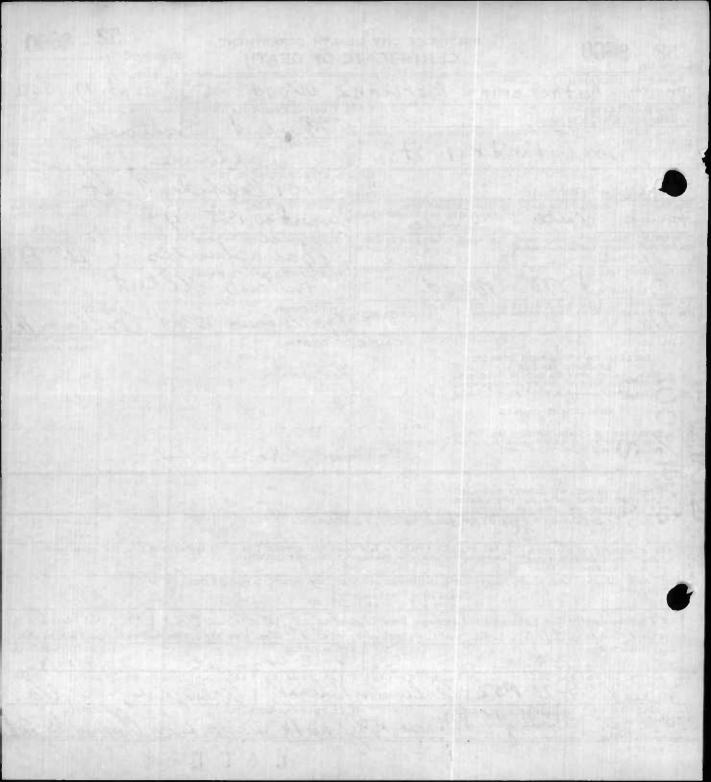
246. NAME OF CEMETERY OF CREMATORY 24D. LOCATION City, town 100, REMOVAL (Specify) Sept. 201952 Loudon Park Baltimor Date Received By Registrar Signature, 25. Funeral Director

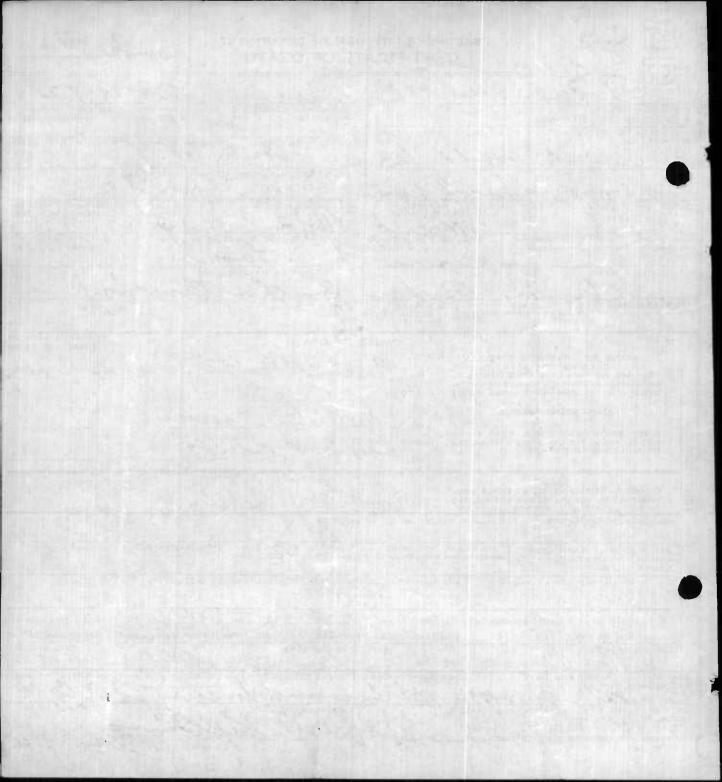
SEP 1 9 1959 | Tuntington Williams M. M. Stansbury - 2700 6

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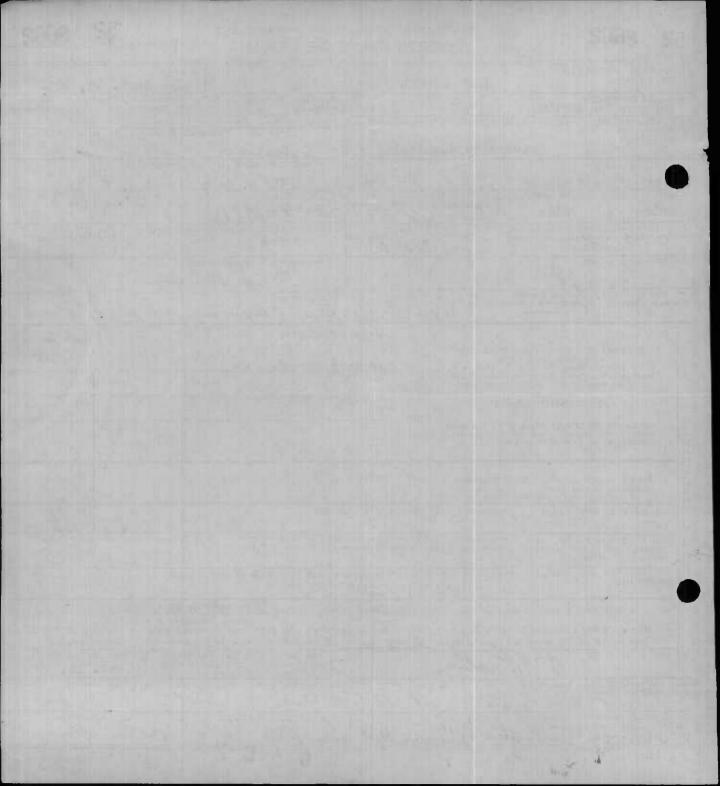


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	-0 0	660	BAL	TIMORE CITY HI	EALTH DEPARTMENT		2 8660
В	IRTH NO.	660		CERTIFICAT	E OF DEATH	Registered N	
1.	NAME OF Daype or Print)	Kather	arine	Mariann	a Wood	2. DATE Sept	19,1952
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If	institution : residence before admission
	FULL NAME OSPITAL OR			ion, give street address or location)	Maryland	Balting	ue
1	ISTITUTION	701 (24)	hedra		Bali	lf outside corporate limits	1-0 2 township
c	gth of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (I	f rural, give location)	St.
5	female	White		E, MARRIED, VED, DIVORCED (Specify)	Rugust 30, 190		Under 1 Year   II Under 24 Hours nths Days Hours Min
MOL	k done during most	CUPATION (Give kin of working life, even if reti	dof 108. KIND (ed)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Ern	est n	: Wo	od	14. MOTHER'S MAIDEN I	albert	
15 (Ye	o, was deceas	ED EVER IN U. S. AR (If yes, give war or o	MED FORCES? lates of service)	16. SOCIAL SECURITY NO.	Mrs. Antonio	Word (B)	altrivoe M
	18. 241	K 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	LEADING TO D	EATH		2.10 1		// - /
	heart failu	not mean the mod ire, asthenia, etc. It r complication which	neans the disease	e,	regues.	***************************************	6 hines
	mjary or	ANTECEDENT CA		.) DUE TO			
Z	Dienten			(B)		***************************************	***************************************
NOIL	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION	A) STATING TH	HE DUE TO			
FICA			27011	(C) Call	ma , en la		******
ERTI	TRIBUTING	II SIGNIFICANT CON S TO THE OEATH, BE ISEASE OR CONDITE	UT NOT RELATE	0			
AL C		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	LYING O	ENT WAS UNDER CONTRIBUTING		ACE OF INJURY (e. g., i	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	YES NO L
Σ		(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
	FINJURY		m. V	WHILE AT NOT WHILE			
	22. I hereb	y certify that I		(	1954, to	9/20 , 1952	, that I last saw th
	deceased a		19 <b>5</b> ,		rred at 2 3 Am., from	the causes and on th	e date stated above
	23A. SIGNA	2 2	e &	м. р.	3B. ADDRESS	at	23c. DATE SIGNED
2.	AA. BURIAL, ON REMOVAL (S	GREMA- 248. DAT		24C. NAME OF CEMETE		LOCATION (City, town,	11
-	Buria	17-72		arlengten	plens (	rlugter,	Va,
3	ATE RECEIVE		R'S SIGNATU	Villiams, M. R.	25. FUNERAL DIRECTOR	la won an	nagolio, M
	VS 150		0	0	1		0 /





52 BIRTI	40 8662	BA	LTIMORE CITY HE	EALTH DEPARTMENT	Registered i	2 8662
	ME OF DECEASED or Print)	LEO	DONNELLY		oF DEATH Sept.	15, 1952
A. Ba	ACE OF DEATH: ltimore City, Maryland			4. USUAL RESIDENCE (		
HOSP	ITAL OR		tion, give street address or location)  Hospital			
0.	ngth of stay in Baltimore		Yrs. Mos. Days			
5. SE	x 6.COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9. AGE (In years) If Beder I		Beder I Year H Under 24 Hours nths Days Hours Min.
10A. Uwork don	JSUAL OCCUPATION (Give kind of coduring most of working life, even if retired)	108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F/	3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. W. (Yes, no	AS DECEASED EVER IN U.S. ARMED or unknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. 183 03-0761	17. INFORMANT	ler-106 h.	that are
IFICATION	Chis does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complicates or conditions, in the state of the above cause (A) UNDERLYING CONDITION LAND CONDITION LAND CONDITION LAND CONDITION	f dying, e. ns the disca aused deat  ES  ANY, GIVI STATING T	Se, h.) DUE TO  (B)  NG HE DUE TO  (C)	ry thrombosis		
CERTI	TRIBUTING TO THE DEATH, BUT I	NOT RELAT	ED IT.			
AL 19	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPE			ATION		YES NO
U 21	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.			i or 21c. WHERE DID (: lo.) INJURY OCCUR?	If in Baltimore City, g	rive exact location)
	D. TIME (Month) (Day) (Year) FINJURY	, ,	21E. INJURY OCCURRENT NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?	
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\) accident \(\) accident \(\), suicide \(\), homicide \(\), undetermined \(\).  23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER\(\) 23c. DATE SIGNED					
DATE	BURIAL, CREMA 24B, DATE REMOVAL (Specify)  RECEIVED BY REGISTRAR'S L REGISTRAR	SIGNATI	M 24c. NAME OF CEMETER  St Getus  JRE	D. MEDICAL INVESTIGAT	EXAMINER	ot. 16, 1952
SEP	1 9 1952 Hunting	ton W	thous-, M.P.	Dearge R. Jan	ly Cotom	will my.



1. NAME OF DECEASED

#### BALTIMORE CITY HEALTH DEPARTMENT

52 Registered No. 8663

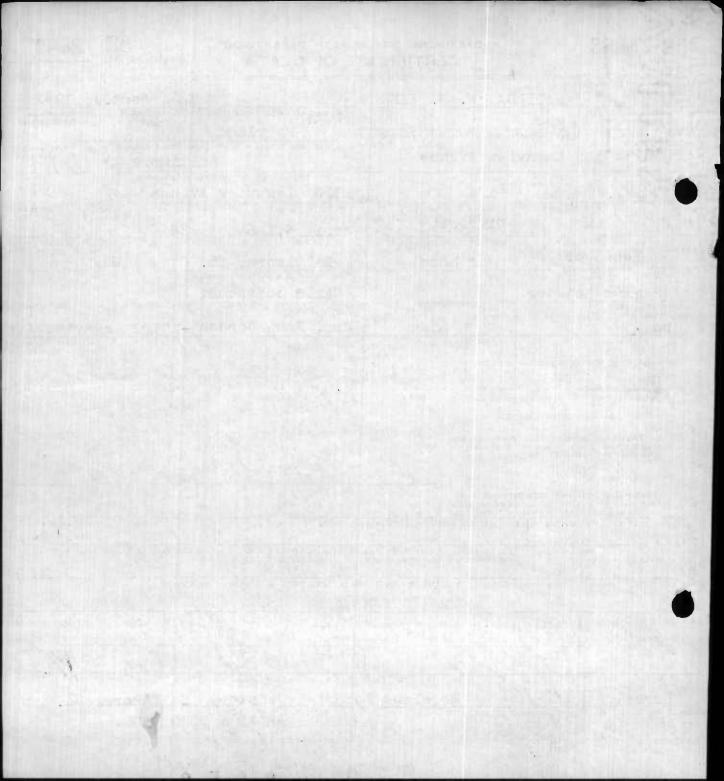
12 DATE

eage F. Sander

BIRTH NO.

CERTIFICATE OF DEATH

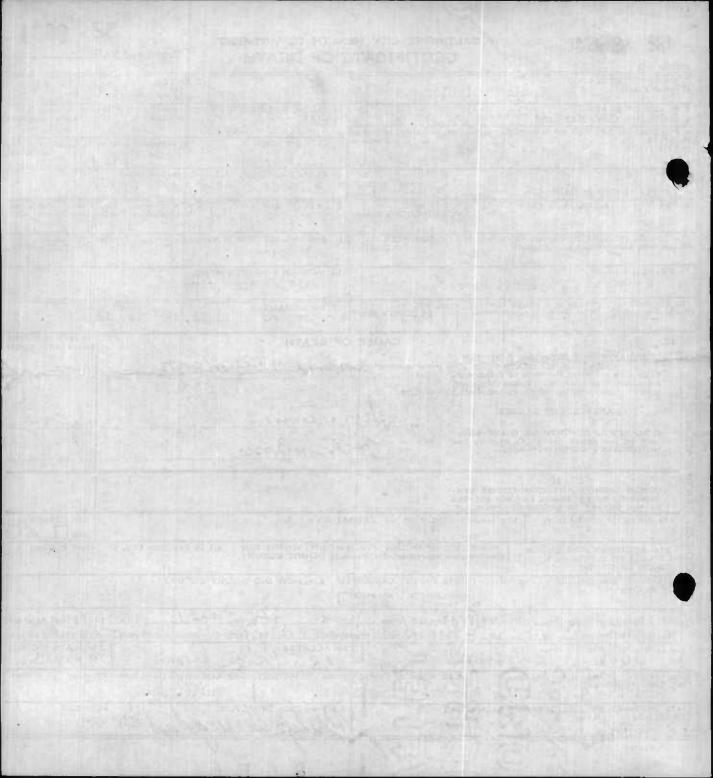
(1	'ype or Print)	MATIL	DA W.	S. KEEN			DEATH Se	pt. 1.6, 19	952
	PLACE OF D					DENCE (W	Where deceased lived	. If institution : r	esidence
-	FULL NAME		al or institut	ion, give street address or	A. STATE Mar	yland	B. COUNTY	belore	e admission)
IV He	OSPITAL OR	3102 Lawny		location)	C. CITY OR TOV		outside corporate li	A A	AL and give
Ų.	43	)100 -amit	1000 210				Baltimore		
A			T.o.	Yrs. Mos.			rural, give location)		
		tay in Baltimore	Life	Days	3102 Law				
5.	F	6. COLOR OF RACE	DIVOR	E. MARRIED. TED DIVORCED (Specify)	April 5.1	- 44	9. AGE (In years last birthday)	Months Days	li Under 24 Hours Lours Min.
1 C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE			12. CITIZE	N OF COUNTRY
_		of working life, even if retired)	at	home	Baltimo	re, Mo	d.	USA	COUNTRY
13	FATHER'S	IAME			14. MOTHER'S			UL-LES MIN	
	Magnu	s Meister			Marie Bo	ersch	el		
(Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMES	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	13
-	no			none	Mrs. Anna	Gord	on = 3102	Lawnvi	ew Ave
	18. 4 x	7.1.		CAUSE	OF DEATH		1111	INTERVA	L BETWEEN
	I	SE OR CONDITION	DIRECTLY	117	F . //	7.	10 16 1	ORBEI	ANO GEATH
	(This does	LEADING TO DEA	of dying, e. s	(A) COR	erwell	Drouge	aray-1	weekes &	ucas
	heart failu	re, asthenia, etc. It mes complication which	ns the diseas	e,	0+ 1.		10//		
				(	erev	Zal	xicler	ORUS	•
7		ANTECEDENT CAUS	SES						
CATION	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)		1	/		
AT	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	IE OUE TO	Xo.	- 1	1		
					1 den	shy	4 .		
는		11		(C)	/				
CERTIF		IGNIFICANT COND					113		
Ü	TO THE O	ISEASE OR CONDITION	CAUSING I	т					•••••
4	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AL	TOPSY?
S	ALL ACCIDE	0	1 01- D) 1	SE SE 111 11 EV. (	Lote Williams		* 1 P W G	YES L	NO L
EDICAL		NT, SUICIDE, (Specify)	about home, f	CE OF INJURY (e. g., learm, factory, street, office bldg., c	n or 21c, WHERE etc.) INJURY OCC	CUR?	f in Baltimore Cit	y, give exact lo	eation)
Σ									
7	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW D	ID INJURY	OCCUR?		
			m.	WORK NOT WHILE	44	. (	1.1.1		
h	22. I hereby	o certify theit I att	ended the	deceased from	10 .19	540 A	el 16 19	that I la	et earn the
	deceased al		F 2-	and that death occur		-	// 1		
	23A. SIGNAT		21/1		3B. ADDRESS	(e) 1			SIGNED
		7//	25/1	ACCO M. O.	3400	Ged	sugar (Yar	2 9/16	1/52
24	A. BURIAL. C	manifert		4c. NAME of CEMETE	RY OR CREMATOR	Y 240. LC	OCATION (City, to	wn, or count	/ (State)
.,,	burial	9/20/5	2	Moreland Me	morial Ce	meter	v Baltim	ore. Ma	
DA	ATE RECEIVED	BY REGISTRAR		RE .	25 FUNERAL D	IRECTOR		ADDRESS	
1	CAL REGIST	950 Hinting	ton W.	17. 4 114 1 - 1/1.		DEM &	SONS, IN	U.	
	11 13 1	- I would	, 11		BALTO, 1	3, MD.			



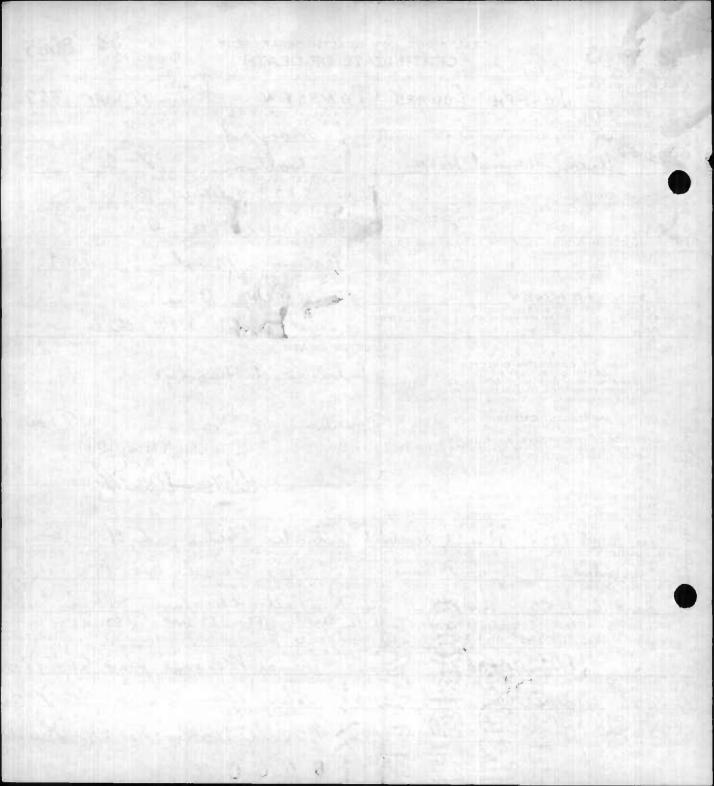
### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sept. 18/52 Sophia M. Winkler DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland 2825 Lake Ave. B. COUNTY before admission) 2825 Lake Ave. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2825 Lake Ave. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify)
Sungle 9. AGE (In years 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE If Under 1 Year II Under 24 Hauts last highday) | Months: Days | Hours: Min. Aug. 2.1870 Thite Female. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Winkler Wilhelmina Grive 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Mr. Herbert Hopfield, 2828 Mayfield Ave. SECHRITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 19#1 to Sept /8 . 195 that I last saw the 22. I hereby certify that I attended the deceased from. , 1952, and that death occurred at 4 A deceased alive on\_ m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) St.Matthew's Cem. Balto. Md. Burial ADDRESS DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2024 Orleans St.

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	1. (T:	NAME OF Dype or Print)	JOSE TOSE	PH E	EDWARD IT	ANSSEN	2. DATE OF DEATH 17 SE	EPT 1952
		PLACE OF D				4. USUAL RESIDENCE		institution; residence before admission)
	В.	FULL NAME		tal or institut	ion, give street address o		If outside corporate limits	write RURAL and give
	IN	STITUTION	Union Men	norial 1	Hosp	Batteri	9-1	township
TCE TOT	C.	Length of s	tay in Baltimore		Yrs. Mos. Days	3 102 E	If rural, give location)	18
Ctild.	5.	SEX M	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify	January 251		Under 1 Year nths Days Hours Min.
CICALL			CUPATION (Give kind of of working life, even if retired		OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY
3.011	13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
200	15	WAS DECEAS	VANSSEA ED EVER IN U. S. ARME		I 16. SOCIAL	CATHERINE	Bach	
000	(Yes	(, no or nnknown)	(If yes, give war or date	os of service)	SECURITY NO.	TOHN JANGERA	2 3102 Elles	The ave
chus			02.0		CAUSE	OF DEATH		INTERVAL BETWEEN
211		DISEA	SE OR CONDITION	TH	0.	Tana : 1 1/4	montage	GROEF AND BEAT
2111		heart fail	s not mean the mode ure, asthenia, etc. It me complication which	ans the diseas	e,	moderation 700	nominge	
N DCI	z		ANTECEDENT CAU	SES	Co	unturen of B	rain	18 hour
proc	ATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING TH		CERT	IFICATION APPROV	ED BY
allo.	FICA					111.	n: 16/9	11
270	RTI		II SIGNIFICANT CONE			4)4	OR ASST, MEDICAL EX	R.
LIE	CE	TO THE	G TO THE DEATH, BUT	N CAUSING I	Υ	24.7.01		20. AUTOPSY?
	AL	16 S	Sept 1952	Ried	t cerebral	ventricular bles	eding, shigh	YES A NO
or ra	EDICA	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	about bome, f	CE OF INJURY (e. g., arm, factory, atreet, office bidg.		(If in Baltimore Olty, g	
duit	ME	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJU	7 00 00	18 (5/1)
117		OF INJURY	16 1952	12 N	WHILE AT NOT WHILE AT WORK		a playing on	bushel basket
pecia			y certify that I at	tended the	deceased from	( Sapt , 1952, to	17 sept , 195	2 that I last saw th
20		deceased a		, 19 52	and that death occu	rred at 6 2 m., from	the causes and on th	e date stated above
2 2			Wallow	icral	M. D.	Muon M	emored loters	Sept 17 18
282	TIC	N. REMOVAL	CREMA- 248. DATE	11000	248 NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, toyh,	or county) (State)
nario	D/	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	Hory (reaso	25. FUNERAL DIRECTOR	runcles	ADDRESS,
00	5	P 1 9 15	TRAP	ngton 1	Villacus, M.	J. Melville Q	enkins 27/	3 Hirk ave
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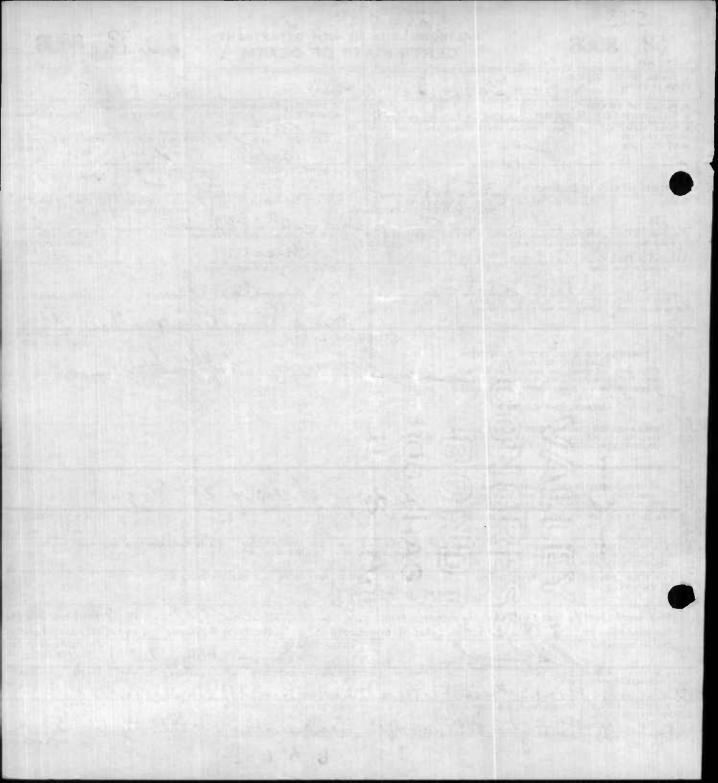


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#### SIANATEL OS BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8666

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 9-17.52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rusal, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 1. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRA WHAT COUNTRY? eterede reece rever Rd 2010 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL DIFORMANT ADDRESS SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. I that I last saw the 19 5 - and that death occurred at Om., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 9.17.52 24A. BURIAL, GREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) (State) TION, REMOVAL (Specify) 444 1 DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR whenton

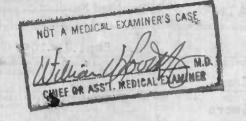


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BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE William Black, Jr. (Type or Print) OF Sept.16-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 1322 N. Ellwood Ave. zone 13 c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | Winder I Year | Winder 24 Hours | Inst birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) March 15-1941 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Black Jean Mastalski (Nastalski) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANBaltimore City Hospitals (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Ave. 18. INTERVAL BETWEEN CAUSE OF DEATH 343X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Possible Encephalitis (This does not mean the mode of dying, e.g., 3 days heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. ī OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 9-16-15
deceased gline on 9-16-15 . 1952, to 9-16 . 19 52 that I last saw the 19 52, and that death occurred at 12.55PM., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 9-16-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR untinglow VS 150



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City. Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN Atownship) WILLIAM ST. LTIMORF (If rural, give location) D. STREET ADDRESS Yrs. Mos. WILCIAM ST c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) DIVORCED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL DE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO 801 WILLIAM ST INTERVAL BETWEEN 18. CAUSE OF DEATH 477.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Schooler Wass LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 1922. That I last saw the 22. I hereby certify that I attended the deceased from m from the causes and on the date stated above. deceased alive on John 1952, and that death occurred at\_ 23c. DATE SIGNED 23A. SIGNATURE 238 ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE OUDON 13URIA ADDRESS RECHSTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

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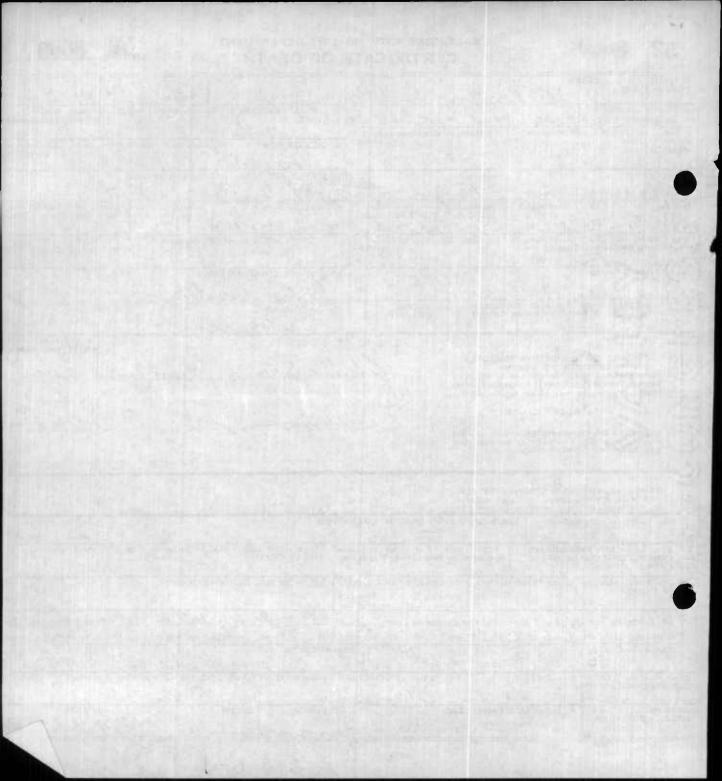
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8669

51111111101	
(Type or Print) William E. Pe	arson 2. DATE OF DEATH Sept. 19-52
a. Baltimore City, Maryland 601 W. Mosher &	A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	Bolto 1603 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore / 3 4 Days	18. DATE OF BIRTH 19. AGE (In years)   Under 1 Year   II Under 24 Rous
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)  NOUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Pearson	Ella. Carter
15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT 1601 W. Mosley
	Susie Pearson W. moslies &
4477	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Col. 12 8 10 1 7 11
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	July July
	1 1 0 0
Z ANTECEDENT CAUSES	eumonia lold July 5-7
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERATION   19B, MAJOR FINIS   19B, MAJOR F	RATION   20. AUTOPSY?
V 214 ACCIDENT WAS LINDER.   218 PLACE OF INJURY (e.g. i	YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
¥	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT TO NOT WHILE	
m. WORK AT WORK	1 / 53 1/10 5
22. I hereby certify that I attended the deceased from	19, 19 to July 19, 1937, that I last saw the
deceased alive on 14 18, 1952, and that death occur	ryed at 7 m., from the causes and on the date stated above.
Meng Me Donald M.D.	844 11 Carey M. Bell. My 9/19/52
24A. BUBYAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 246. LOCATION (City, town, or equinty) (State)
Runnel 9-22-54 Marin	25. BUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR  REGISTRAR  MILITARY  MILITARY	25. DINERAL DIRECTOR ADDRESS
1 8 1950 J manus, M.	James a Daylo
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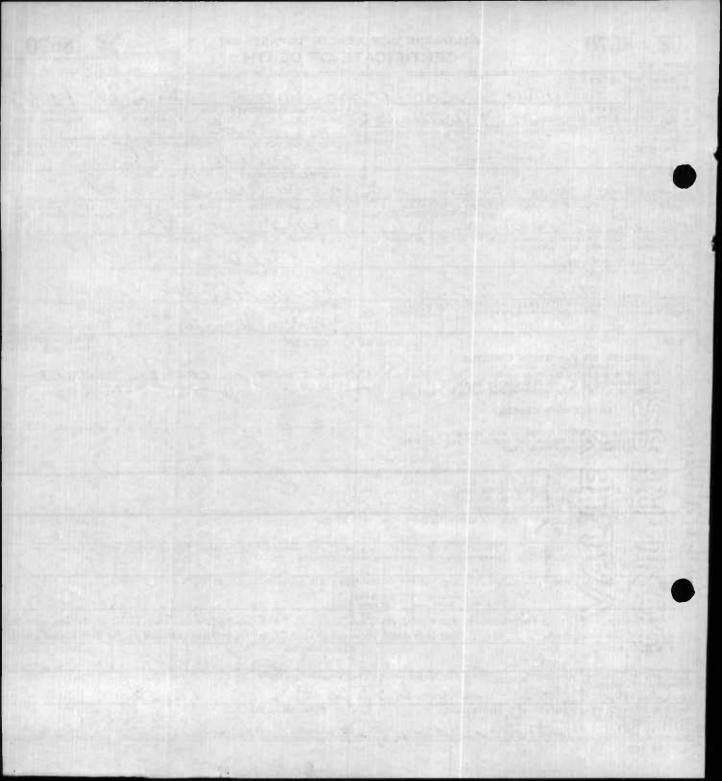


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8670

В	BIRTH NO.	
(T	1. NAME OF DECEASED Thelma arm	ustrong   2. DATE OF Sept. 17. 52
Α.	A. Baltimore City, Maryland 2529 arunah ar	4. USUAL RESIDENCE (Where deceased lived. it institution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
ľ		Balto 16-05 township)
G.	C. Length of stay in Baltimore Lake Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  2529 Orumal aver
	4	8. DATE OF BIRTH  9. AGE (In years   ff Under 1 Year   If Under 24 Hours   Months: Days If Ours: Min.
10	tunale Colord Single	apr. 27.1904 48 yrs
worl	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. VIRTHPLACE (State or iteign country) 12. CITIZEN OF WHAT COUNTRY?
13	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
16	John amosting	Sarah Gurss
(Y6	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	18. / // X I CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	inoma of control Ulant and
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC	(C)	
LC	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	TION   20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g., in c	yES NO 21C. WHERE DID (If in Baltimore City, give exact location)
1ED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	21F. HOW DID INJURY OCCUR?
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from deceased alive on 1902, and that death occurr	ed dt 9:55 m., from the causes and on the date stated above.
	234 SIGNATURE 231	B. ADDRESS 23C. DATE SIGNED
24	M. D.  24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETER	10 0 10 0 1 19-18-07-
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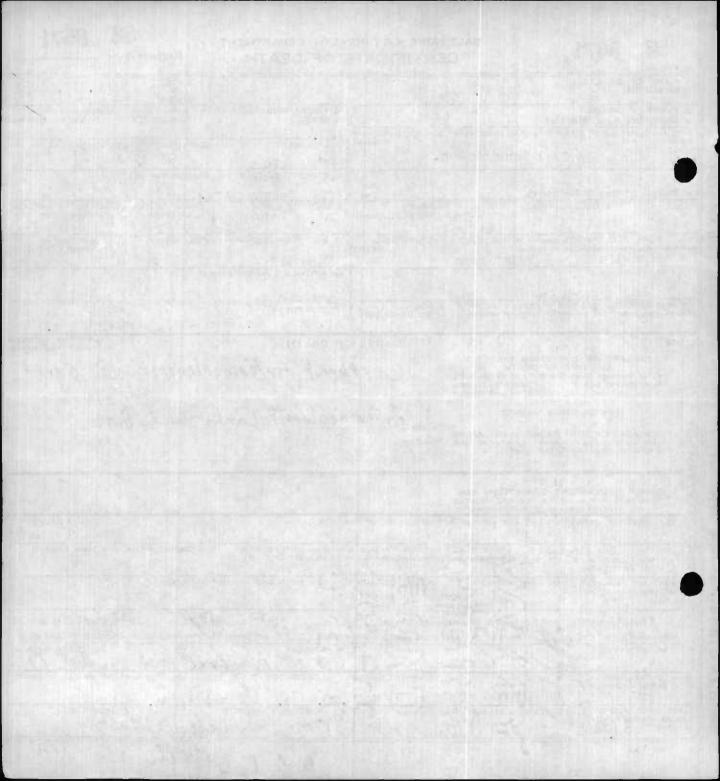
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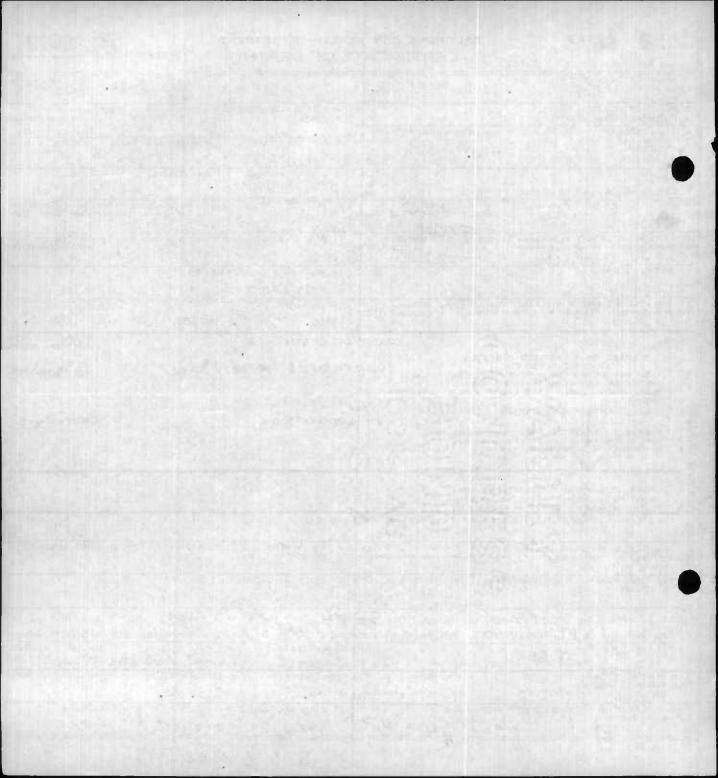
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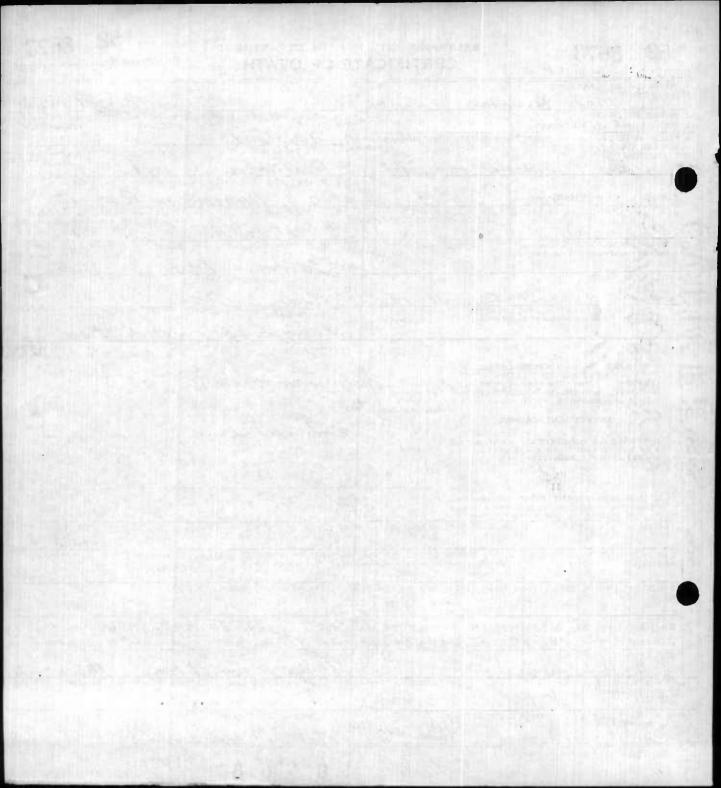
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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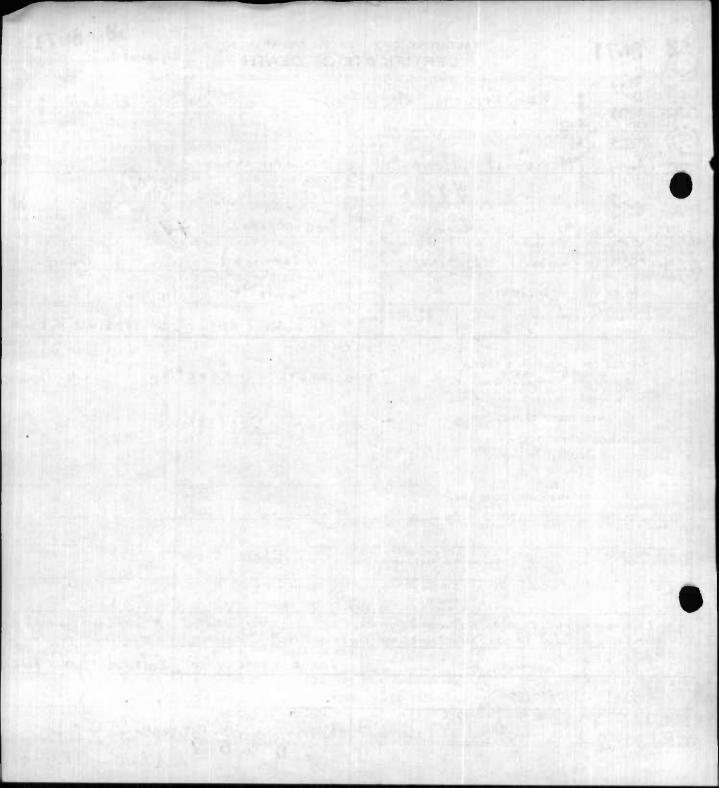
BIRTH NO 1. NAME OF DECEASED 2. DATE Sept. 18, 1952 (Type or Print) E. PAUL BEHLES, SR. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3808 Juniper Rd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3808 Juniper Rd. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. white July 15, 1889 63
11. BIRTHPLACE (State or foreign country) married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? retired Architect Commercial Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Marks Nicholas Behles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO. Mrs. Paula M. Behles - 3808 Juniper Rd. 18. CAUSE OF DEATH 331X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY erebral hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 1952, to 18 201., 1957, that I last saw the 22. I hereby contify that I attended the deceased from deceased alive on 17 Sepi., 1952, and that death occurred at 3 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Balto. Md. New Cathedral C em. Burial 25, FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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	52 S	3673	7 BAI	CERTIFICAT		-	52 gistered No.—	8673
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	S. PLACE OF D	EATH:	-	TORANDI	4. USUAL RESIDEN	NCE (Where decea	sed lived. If instit	
-	B. FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Marylan		OUNTY	before admission)
	HOSPITAL OR			Iocation)	C. CITY OF TOWN		porate limits, wri	township
oly.	Uni	on Memo	rial +	tospital.	13altimo		dem for buy	8
legibly	a Langth of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRES			13
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WE	injury or complication which caused death.)							
ase	Z ANTECEDENT CAUSES							
pile	RISE TO T	S OR CONDITIONS, I	STATING TE					***************************************
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CIBI	OTHER S	11		(C)				
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	U TO THE D	ISEASE OR CONDITION	CAUSING		ATION			20. AUTOPSY?
	AL	Y	ob, maoon	TINDINGS OF CLE	ATTON		100	YES NO
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S. 1	H H				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	1008	
CHAIR .			m.	WHILE AT NOT WHILE AT WORK				
201	22. I hereb	y certify that I at	ended the	deceased from 15	Sept , 1952	to 18 Sept	, 19.52 the	at I last saw the
100	deceased a	live on 18 sept	<u> </u>	and that death occur	red at $S = \rho n_{\cdot, \cdot}$	from the causes		ate stated above.
2	1 8	Huldon	d	M. D.	Union Me	eminal to		8 Sept 5%.
00	24A BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE		24D. LOCATION		
200	Burlal	9/20/5	2	Loudon Park	7	Balto., Md	•	
No.	DATE RECEIVE	D BY   REGISTRAR	SSIGNATI	RE.	25 FUNERAL DIRE	CTOR	AĐI	DRESS
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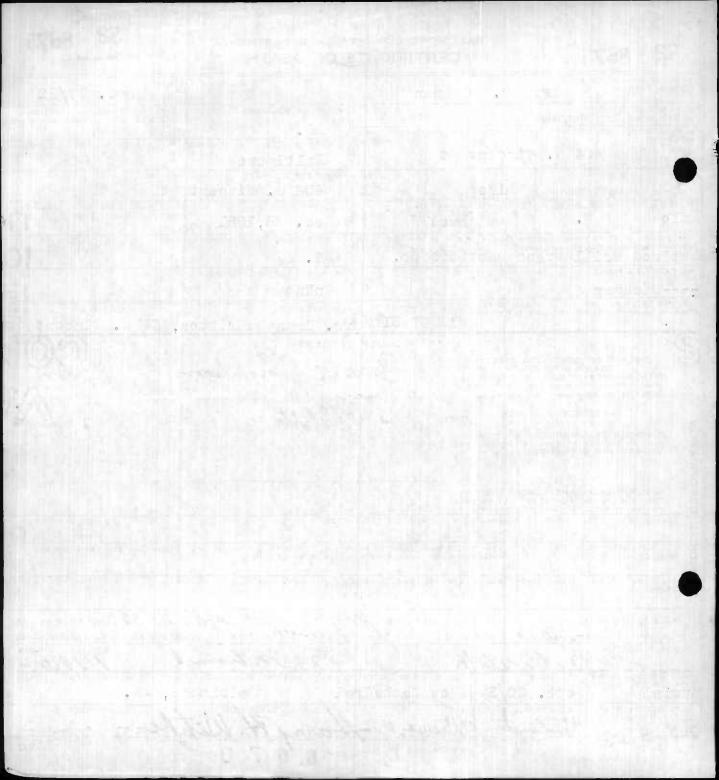
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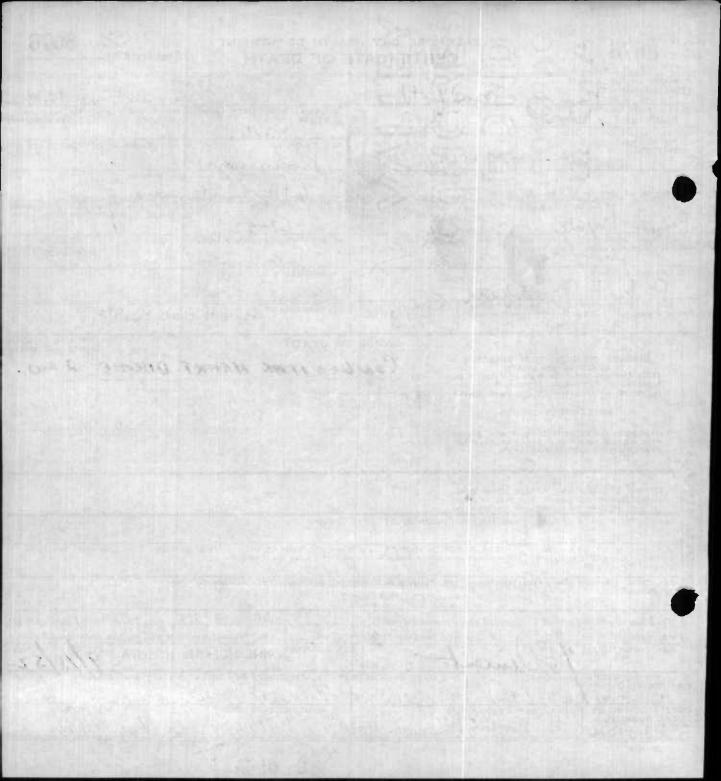
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8675
Registered No.

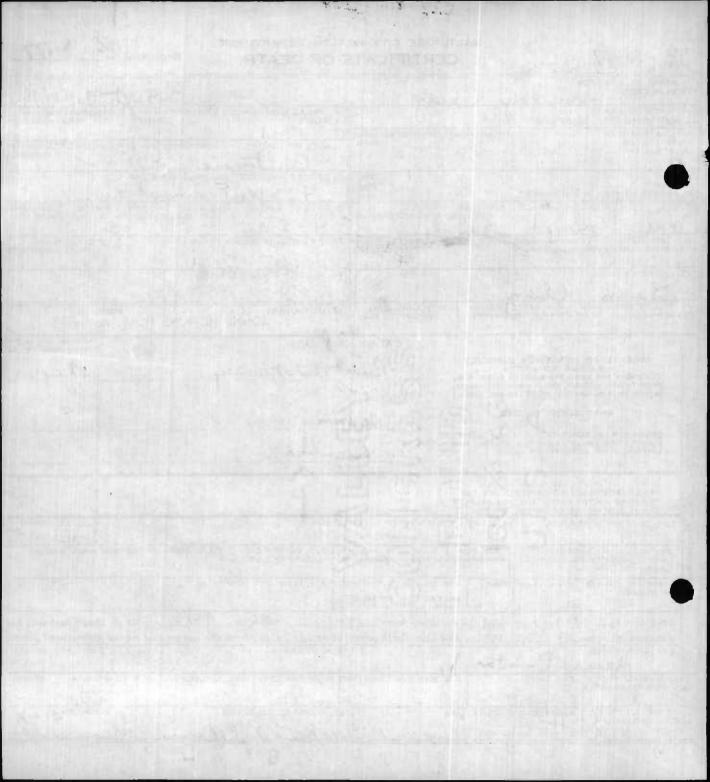
1. NAME OF DECEASED 2. DATE (Type or Print) Harry F. Bachman Sept. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Nd . B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 404 S. Vincent St Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 404 S. Vincent St c. Length of stay in Baltimore Days 7. SINGLE. MARRIED, WIDQWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In year: | | | Under | Year | | H Under 24 Hours | last birthday) | Months: Days | Hours: Min. Mal e Dec. 26,1881 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) WHAT COUNTRY? Retired Drill Press Koppers Co. Idd -13. FATHER'S NAME PISTON RINGS /M 14. MOTHER'S MAIDEN NAME ----Bachman Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) Irma DuBritton, 404 S. Vincent St INTERVAL BETWEEN 18. 464X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT Telly 23 . 195 That I last saw the 22. I hereby certify that I attended the deceased from: MI/6, 1952, and that death occurred at 12.0 Am., from the causes and on the date stated above. deceased alive on -23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or county). Sept. 20/52 Baltimore. Md. New Cathedral UNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



2 BIRTH	8676 Res.	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	8676
3. PLAC A. Balti	E OF DECEASED  E OF DEATH: imore City, Maryland  NAME OF (If not in hosp	moffett ital or institution, give street address or	4. USUAL RESIDENCE (V	2. DATE OF DEATH Senten Where deceased lived If inst	itution; residence before admission
HOSPIT		PKINS HOSPITAL  Yrs.	c. CITY OR TOWN (III	f outside corporate limits, w	rite RURAL and give township)
5. SEX	6.COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years lift Unda last birthday) Months	r I Year   II Under 24 Hours s Days Hours Min.
work doned	UAL OCCUPATION (Give kind only ing most of working He, even if retired the result of t	of 10g RND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	00 - Mich	CITIZEN OF
I5. WAS	DECEASED EVER IN W. 6. ARNI	EDUFORCES? IS SOCIAL SECURITY NO.	Just 19	well	ESS
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TE TE	THER SIGNIFICANT CONE RIBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED			
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U CAU	ACCIDENT WAS UNDER- NG OR CONTRIBUTING		te.) INJURY OCCUR?	If in Baltimore City, give	exact location)
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	PLACE OF D Baltimore (	EATH: City, Maryland	7	9	4. USUAL RESIDENCE			on: residence before admission)
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IN	ISTITUTION	JOHNS	HOPKINS	HOSPITAL	Baltin	and.		township)
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15	Jour WAS DECEASE	n Clar	FORCES?	16. SOCIAL	Lorothy	Nau		V
(Yo	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO	o. 17. INFORMANT	S HOPKINS HO	SPITAL,	5
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	heart failu injury or	re, asthenia, etc. It mea	ns the disease aused death.	) DUE TO	cidases			
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) ength of stay in Baltimore Days WIDOWED, DIVORG 5. SEX 6. COLOR OR RACE If Under I Year AGE (In years last birthday) Months: Days Hours! Min. 12 MM 100 00 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLAG 12. CITIZEN OF work done during most of working life, even Ifrctired) INDUSTR WHAT COUNTRY? -abonon 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np or uuknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or uuknown) SECURITY NO ني 18. CAUSE INTERVAL BETWEEN OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the

deceased alive on. 23A. SIGNATURE WO

and that death occurred at ... I'm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-MON, RENOVAL (Specify) 24B. DATE

NAME OF GEMETERY OR CREMATORY 24D LOCATION (City, town, or equally 25. FUNERAL DIRECTOR

DATE RECEIVED BY PEGISTRAR'S SIGNATURE LOCAL REGISTRAR wilington

VS 150

July Jell 25 600) 236 mourably - 1016

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

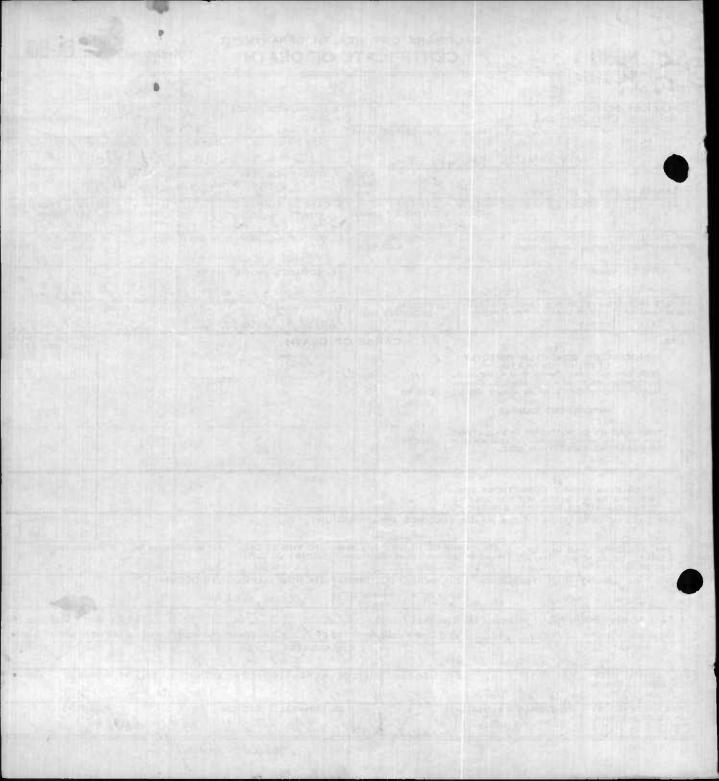
52	8679
Registered No	0070

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	Agnes May	Collins		1 PLATE	tember 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Man	yland		4. USUAL RESIDENCE (W	Where deceased lived. B. COUNTY	If institution: residence before admission)	
B. FULL NAME OF (If		tion, give street address or	Maryland			
HOSPITAL OR	2 0 5++	location)	c. CITY OR TOWN (If	outside corporate lin	nits, write RUR) L and give township)	
130	3 Cox Street	37		www.l. give meetion)		
	7.10	Yrs. Mos.	D. STREET ADDRESS (If			
c. Length of stay in Ba		Days			If Under 1 Year   If Under 24 Hours	
	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday)	Months Days Hours Min.	
Female Whi		O OF BUSINESS OR	Jan. 18, 1895	preign country)	12. CITIZEN OF	
work done during most of working life	even if retired)	INDUSTRY		oreign oounday,	WHAT COUNTRY?	
Weaver	Textil	e Manufacturin	7		UDA	
13. FATHER'S NAME		DINGS THE S	14. MOTHER'S MAIDEN N			
John R. Collin			Agnes Gertrud	e Anderson		
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, g	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No		215-07-6363	Mrs. Alois G. Of	futt Dors	ey, Maryland	
CTHER SIGNIFICA	ONDITION DIRECTLY G TO DEATH the mode of dying, e. a, ctc. It means the disca- tion which caused death DENT CAUSES DITIONS, IF ANY, GIVI CAUSE (A) STATING T NDITION LAST.  II INT CONDITIONS CO- DEATH, BUT NOT RELAT	(A)	servelyed	Bust	trui	
	CONDITION CAUSING				LOO AUTODEVA	
19A. DATE OF OPERA	TION 198. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?	
21A. ACCIDENT WAS LYING OR CONTR. CAUSE OF DEATH		ACE OF INJURY (e. g., i, farm, factory, street, office bldg.,		If in Baltimore City	7, give exact location)	
21D. TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		Y OCCUR?		
22. I hereby certify deceased alive on	that I attended the	and that death occur	1-7-, 1951, to c rred at 4 A. m., from t		that I last saw the the date stated above.	
23A. SIGNATURE Humany 1 23B. ADDRESS 23C. DATE SIGNE 9-19-5						
	4B. DATA	24c. NAME OF CEMETE	ERY OR CREMATORY 240. L	OCATION (City, to	vn, or county) (State)	
Burial S	Sept. 20, 195	Glen Haven		ne Arundel (	Co., Maryland	
DATE RECEIVED BY	REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR		ADDRESS	
CFD 1 Q 1957	H+++	WH: WY	Burgee Funeral	Home 3631	Falls Road	
VS 150	9 9	5 6844	E Horacle 4	Durgee		

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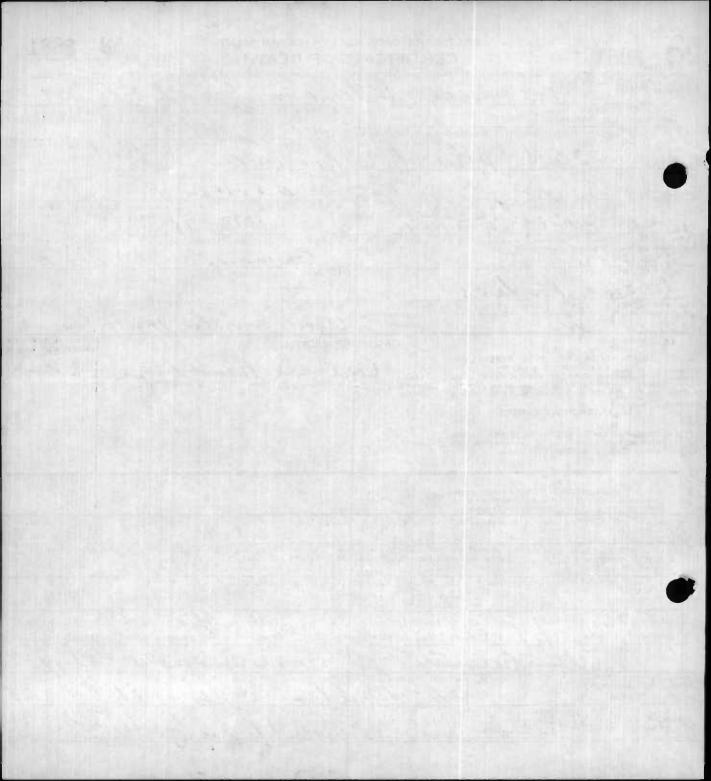
1	546						
					EALTH DEPARTMENT	F	2 0000
BIRT	PH NO.86	880 52-20	288	CERTIFICAT	E OF DEATH	Registered'N	6 000U
1. N (Typ	AME OF De or Print)	BABO	, 130	2 HAMILL		2. DATE OF DEATH	8/52
3. PI	LACE OF D	City, Maryland			4. USUAL RESIDENCE		institution : residence before admission
HOS	JLL NAME PITAL OR	OF (If not in hospi	tal or institut	ion, give street address or location)		If outside corporate limits	The state of the s
INS	TITUTION	UNIVERSI-	ry Ho	SPITAL	BALTIME	0-	) Jownship
			,	Yrs. Mos.	D. STREET ADDRESS (I	1	1.10
c. L.		stay in Baltimore	17 SINGL	Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hour
	Th	W	S/A	E. MARRIED. /ED. DIVORCED (Specify)	SEPT. 12-1957	last birthday) Mo	nths Days Hours Min
work do	USUAL OC acduring most	CCUPATION (Give kind of of working life, even if retired	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
13. F	TATHER'S	NAME ()			14. MOTHER'S MAIDEN	NAME A	0, 3///.
		mes D.	TAMIL		MARGARE	T ANN C	AVERLY
(Yes, n	was DECEAS no uakoowo)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	imell) (2032)	DORESS AMINA)
11	8. 776	×		CAUSE	OF DEATH	1200	INTERVAL BETWEE
	1 2	SE OR CONDITION		TP'	0		Silver All Dan
	heart failt	s not mean the mode	of dying, e. g ans the diseas	e,	malue, ly		
	injury or	complication which		.) DUE TO			
z	B.M.	ANTECEDENT CAU		(B)	***************************************	***************************************	
12	RISE TO T	S OR CONDITIONS, I	STATING TH				
CA	UNDERL	YING CONDITION L	451.	(C)			
RTIFICATION	Tours	11					
ш	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
0 -				FINDINGS OF OPER			20. AUTOPSY?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	No	ne 7	^	Jone	101-1111-111	76 : D. W	YES NO
	LYING O	R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)
	ID. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?	
		o he july	m.	WHILE AT NOT WHILE	1 No ugur	7 /	
2	22. I hereb	ny certify that Lat			//Y , 1957to_		hat I last saw th
	leceased a		, 19.52,		rred at 1:05 m., from	the causes and on th	ne date stated above
		Sommel	W. ()	RISCLER M.D.	minessity A	Losp. Tal. Bil	9/18/52
24A. TION	BURIAL.	CREMA- 24B, DATE Specify)	1052	24C NAME OF CEMETE	RY OF CREMATORY 240.	MINMA MAR	or county) (State)
DAT	E RECEIVE AL REGIST			RE,	25 FUNERAL DIRECTOR	al Store 362	ADDRESS ()
SE	P191	952 Tunto	gion 1	Villiams M.	Lucyel Tuner	Wy Home 300	17 alle / lone
	VS 150	-	7 5		/ Horace Fr.	Durgee	
		The state of the s			8 6 50 00		

correct age is est entilly unit



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

- 0	KIH NO.							
	NAME OF DECEA		MARG	ARET E.V	ORRATH	2. DATE OF DEATH	-18-1952	
	PLACE OF DEATH Baltimore City,				4. USUAL RESIDENCE	Where deceased lived B. COUNTY		
	FULL NAME OF	(If not in hospita	al or instituti	on, give street address or				
	OSPITAL OR ISTITUTION	7 - 11	t 1	( decation)	c. CITY OR TOWN	lf outside corporate li	mits, write R/RAL and give township)	
		30 N.	1-111	ONHILE	BALTIMOYE	- 6	(dwilliamp)	
				Yrs.		f rural, give location		
C.	Length of stay i	n Baltimore		Mos. Days	30 N.FU/	YON AU	e	
5.	_	OLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.	
10	A. USUAL OCCUPA	ATION (Give kind of)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	1	
wor	HOUSE W			INDUSTRY			WHAT COUNTRY?	
13	FATHER'S NAME				CEMAN		10.3.18.	
'			1		14. MOTHER'S MAIDEN	NAME		
	UE0166	1 1	Res					
(Ye	. WAS DECEASED EV	FR IN U.S. ARMED yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
1	NO	NO		02001111 110.	Charres Spors	oller. 142	Wilson ST	
	18. 5 2 1 1		HAUL	CAUSE	OF DEATH		INTERVAL BETWEEN	
	18. 33/X	R CONDITION	DIRECTIV		THE RESERVE OF STREET		ONSET AND DEATH	
	LEA	DING TO DEAT	H		retral the	morrhace	e 2 days	
	heart failure, as	thenia, etc. It mean	ns the diseas	2,			1=:	
	injury or comp	olication which ca	aused death	DUE TO				
	ANTI	ECEDENT CAUS	ES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
OIL	RISE TO THE AL	BOVE CAUSE (A)	STATING TH					
4	UNDERLYING	CONDITION LA	ST.	(C)				
FIC								
RTII	OTUER CICNU	II FICANT CONDI	TIONS					
ER	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	D				
U		E OR CONDITION		***************************************				
F	19a. DATE OF OF	ERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
CA		9	l oto Di A	CE OF INITIDY (	1 21c WHERE DID	/Te in Delainen Gia	YES NO	
(EDI	LYING OR COL CAUSE OF DEAT	NTRIBUTING		.CE OF INJURY (e. g., arm, factory, street, office bldg.,		(II in Baltimore Cit	y, give exact location)	
1	ID. TIME (Mont	h) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?		
	FINJURY			WHILE AT   NOT WHILE				
			m.	WORK AT WORK	6/11 1	Gles.	.61	
	22. I hereby eer				7//6 1954, to_	7/18 , 19	that I last saw the	
	deceased alive of		, 195 2	and that death occu		the eauses and or	n the date stated above.	
	23A. SIGNATURE	311 1	1	-7x . :	38. ADDRESS		23C. DATE SIGNED	
		minz	Jeagn	M. D.	1729 W 20	mend 11	7/19/52	
24								
2.67	AA. BURIAL, CREMI	A- 24B. DATE	2	24c. NAME OF CEMETE		LOCATION (City, to	wn, or county) (State)	
111	AA. BURIAL, CREMI ON, REMOVAL (Specify	A- 24B. DATE	2	4 oly Redoema		be Mich Ki	wn, or county) (State)	
	ON, REMOVAL (Specifs	7)	/	Holy Rodoema		ofelma K	1/ 1/ 1.1	
	ON, REMOVAL (Specify	REGISTRAR'S	SIGNATU	Holy Rodoema	a Com 1443	be make	BALTO AND ADDRESS,	
	ON, REMOVAL (Specify	REGISTRAR'S	/	Holy Rodoema	a Com 1443	be make	I BALTO AND	
	ON, REMOVAL (Specifs	REGISTRAR'S	SIGNATU	Holy Rodoema	a Com 1443	be make	BALTO AND ADDRESS,	
	ON, REMOVAL (Specify	REGISTRAR'S	SIGNATU	Holy Rodoema	a Com 1443	be make	BALTO AND ADDRESS,	



prease write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

8682

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registere	d No.
1.	NAME OF Di	ECEASED FREDERIC	K HOFM	ANN		2. DATE OF	pt. 18, 1952
A.	Baltimore C	EATH: Sity, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	
B. H II	OSPITAL OR OSTITUTION	US Public H	l or institut lealth spital	sion, give street address o	c. CITY OR TOWN (  Balt imo	If outside corporate li	mits, write RURAL and give township)
	MAINETT L	re Dire of 21	st Str	Yrs. Mos.	D. STREET ADDRESS (I	if rural, give location)	
	Length of st	ay in Baltimore	Life	Days		Eaton Street	
	M	W	WIDOV	E, MARRIED. VED, DIVORCED (Specify gle	5/312/88	9. AGE (In years last birthday)	Il Under 1 Year Months Days Hours Min.
wor	NONE NO.	CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or Marylan d	foreign country)	12. CITIZEN OF
13	FATHER'S N				14. MOTHER'S MAIDEN I	NAME	
		eter Hoimann			Marguretta	Krause	
(Ye	5. WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	Yes	WW I - U	SA	None	Records- US PH	S Hospital,	Balto, Md.
	18. 14			CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEAT	H	Carcin	oma right lung		Approx.
	heart failur	not mean the mode of complication which c	ns the diseas	se, (A)		***************************************	2 yrs.
				DUE TO			2 3 2 3 4
z	ANTECEDENT CAUSES (B) Carcinoma of tongue						Approx.
5	RISE TO TH	OR CONDITIONS, IF	STATING TH	4G			2 yrs.
RTIFICATION	UNDERLY	ING CONDITION LA	ST.	(C)		***************************************	
FL		11					
ERT	TRIBUTING	GNIFICANT CONDITO THE DEATH, BUT	NOT RELATI	D			
บิ	TO THE DI	SEASE OR CONDITION	CAUSING I	FINDINGS OF OPE	PAZION		
AL	ISA. DAIL O	OPERATION I	B. MAJOR	FINDINGS OF OPE	RATION		YES NO X
EDICAL	21A. ACCIDE LYING OR CAUSE OF I	ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City	y, give exact location)
Σ	21D. TIME (		(Hour)	21E. INJURY OCCURF	RED 21F. HOW DID INJUR	RY OCCUR?	,
	F INJURY		m.	WHILE AT NOT WHILE			
	22. I herebi	certify that I att		deceased from Jur	ne 6 , 152 , to S	ept. 18 19	52, that I last saw the
	deceased all	ve on Sept. 18	1952	and that death occu	rred at 11:55AM, from		the date stated above.
	23A, SIGNAT	nter, Clinica	4111/	2 1	US PHS Hospital,		9/18/52
710 TI	4A. BURIAL, CON REMOVAL (SI	REMA 24B. DATE pecify) 9 22	152	3CHWAR	ERY OR CREMATORY 24D.	LOCATION (City, tov	
5	ATE RECEIVED		SIGNATI	IRE	25. FUNERAL DIRECTOR	101/101/09	ADDRESS
	SEP 191	952 Huntin	gton 1	Velliaus, Alik	Clarence T. H	to fmarm,	1639 BROKDWAY
	VS 150		1 4	5 2 0 1	0 0 6 7 5	1	
				100150	0 0 1 1		

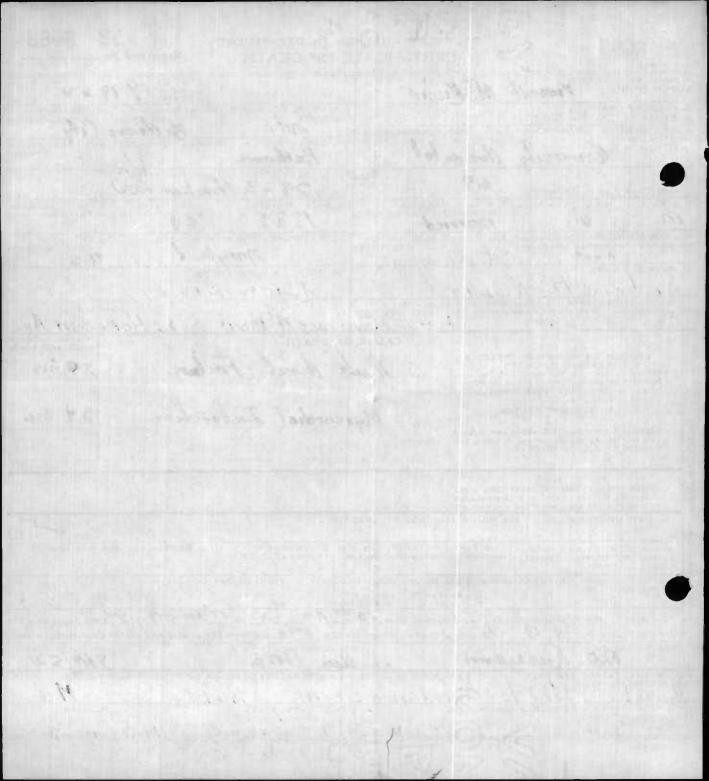
171	50
52	8683
BIRTH	NO

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8683

Registered No. 1. NAME OF DECEASED 2. DATE VINCENT Mª Kewin (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUN befre admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION township) rs. ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year II Under 24 Hours last birthday) Months: Days Hours Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Node 13. FATHER'S NAME 16. SOCIAL SECURITY NO 18. 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Myseardial Inforction ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATÍ NOT WHILE WORK , 19 52 to\_ Am 4-17, 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ and that death occurred at for m., from the causes and on the date stated above. deceased alive on. 23A, SIGNATURE 23c. DATE SIGNED 24B. 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

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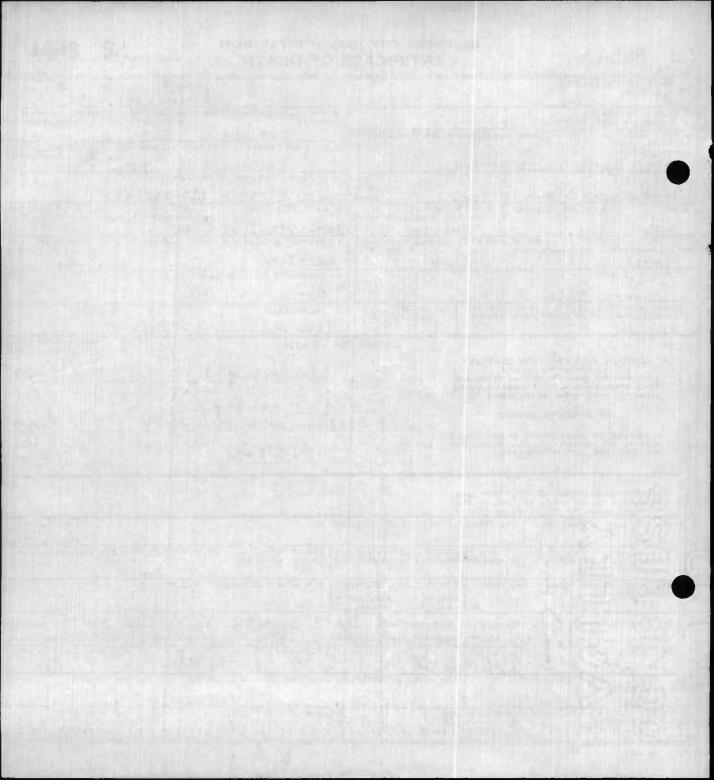


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5%	- (	368	1.

### BALTIMORE CITY HEALTH DEPARTMENT

52	8684
egistered No	0007

	BIRTH NO.	) "J.		CERTIFICAT	E OF DEATH	Registered	VO	
	1. NAME OF D	ECEASED				2. DATE		
	(Type or Print)	James	IJ	ais		OF A	17-1952	
	3. PLACE OF D	EATH:		a.re	4. USUAL RESIDENCE (			
.		City, MarylandBal		ity	A. STATE	B. COUNTY	before admission)	
	B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)		9		
H	INSTITUTION		474 .		C. CITT OR TOWN		s, write RURAL and give township)	
	215 No	orth Mount	Stree		Baltimon			
				Yrs. Mos.	D. STREET ADDRESS (If			
1		tay in Baltimore		Days				
	5. SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	Under 1 Year   II Under 24 Hours onths: Days Hours Min.	
	Male	Col.	M	arried	May-27th-1892	60		
1	10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
	Porter	a wording inc, c vom in recta guy	Theat		Maryland		U.S.A.	
1	13. FATHER'S N	AME			14. MOTHER'S MAIDEN N			
	Uann	Meia			Margaret Na	ais		
	15. WAS DECEASE	V Nais DEVER IN U.S. ARMED	FORCES?	I 16. SOCIAL	17. INFORMANT		DDDDCC	
	(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			DDRESS +	
-	No			L	Edith Nais 218	D M. Mount o		
		61.5		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	E OR CONDITION LEADING TO DEAT			1140		2 2000	
	(This does	not mean the mode orc, asthenia, etc. It mea	f dying, e. :	g., (A)	Urema	*1 *2 * * * * * * * * * * * * * * * * *	( RMO	
	injury or	complication which c	aused death	DUE TO				
		ANTECEDENT CAUS	ES	9	11000	A.	-1	
	z			(B)	resulted store	ruplery	1 Rey	
	RISE TO T	OR CONDITIONS, IN	STATING TE	NG HE DUE TO	46.1.			
	UNDERLY	ING CONDITION LA	ST.	(C)	Herry	ĝ	3 years	
	DISEASES RISE TO TI UNDERLY					/		
1	<b>=</b>	II IGNIFICANT CONDI	TIONS COL	v.				
.	W TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED .				
1		F OPERATION   1		FINDINGS OF OPER	PATION		20. AUTOPSY?	
	A		00,,00				YES NO	
	U 214 ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e.g., i	n or   21c. WHERE DID (	If in Baltimore City,		
	LYING OF	CONTRIBUTING DEATH	about home.	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?		
	OF INJURY			WHILE AT   NOT WHILE				
			m.	WORK AT WORK		0/15/		
		y certify that I att			10 , 193 % to	7/1/, 195	,	
	deceased alive on 7/16, 1933, and that death occurred at 9 A m., from the causes and on the date stated about							
	ZBA. STENAT	TURE	7/1	1	3B. ADDRESS	DE 16.	23C. DATE SIGNED	
,   .	W	vug law	July	M.D.	407 M 7	uersy an	1/1/10	
1	TION, REMOVAL (S	pecify) 248. DATE	///	4C. NAME OF CEMETE	1	OCATION (City, tolvn,	V	
	Burial	( /9/20/19		t Arburn Cei		ltimore Md.		
	LOCAL REGIST	RAR	-	下/11	RUNERAL DIRECTOR	. 0	ADDRESS	
1	SFP 191	952 Tunt	inglow	remains, my	Chry WUS	5/10mg/2	rency and	
	VS 150		0	== 7 Pr 0 (E)	0000	9	V	
				57808K				



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.							
	1. NAME OF DECEASED (Type or Print) ULYSSES BERNARD GLOVER  2. DATE OF DEATH OF DEATH Sept. 18, 1952							
Α.		City, Maryland			4. USUAL RESIDENCE (W A. STATE Maryland		stitution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	US Public Hosp	lealth ital			outside corporate limits,	write RUR (Land give rownship)	
	yman Pk	Drive & 31	st stre	et. Yrs.	D. STREET ADDRESS (If			
70	Length of s	stay in Baltimore		Mos.		entaĵou Stree	t	
	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) II U	nder 1 Year   If Under 24 Hours	
	M	col	Ma	ved, DIVORCED (Specify) arried	5/29/11	last birthday) Mont	ths Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?	
S	ocial Wo	rker	Vet.	Adm- Balto, Md	Md. Bal	timore	USA	
13	. FATHER'S				14. MOTHER'S MAIDEN NA			
	Nels	on Glover			Claudia Johns	3		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS	
	Yes	WW 2 - US	SA	Yes-?	Records - US PHS 1	Hospital, Bali	to, Md.	
	18. 427	ri V j		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION					** 1	
	(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e. 1	(A) MYOCE	rditis, etiology	unknown	Unknown	
		complication which c						
		ANTECEDENT CAUS	ES					
O	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************	***************************************	****	
F		HE ABOVE CAUSE (A)		HE OUE TO				
5				(C)				
ERTIFICATION		11						
ER	TRIBUTING	SIGNIFICANT CONDI	NOT RELATI	D				
U		F OPERATION I		FINDINGS OF OPER	ATION		20. AUTOPSY?	
AL		7		7.1.2.1.00 01 012.1	, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		YES NO	
MEDICAL		PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in ferm, factory, street, office bldg., e		f in Baltimore City, giv	ve exact location)	
	PID. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	gnded the	deceased from July	7 30 , 1952 to S	Sept. 18, 19 52	that I last saw the	
10	deceased a	live on Sept. I	9 <sub>19</sub> 52	and that death occur	red at 11 A m., from th	he causes and on the	date stated above.	
		inter, Clinic	al bire	(1	US PHS Hospital,	Balto, Md.	9/18/52	
24 TIC	N. REMOVAL	Specify)		24c. NAME OF CEMETE		OCATION (City, town, o	r county) (State)	
-	Burial	9-22-6	52	Pa/10. NA/	inal pa	16. Ma.		
LC	CAL REGIST			1711: 11	25. FUNERAL DIRECTOR	- 1	ADDRESS	
_	CED 13	1952	gton 1	Tullalle, M.	C. K. Waw	OOG Madie	ion the	
	VS 150			· · · · · ·	22860	0		
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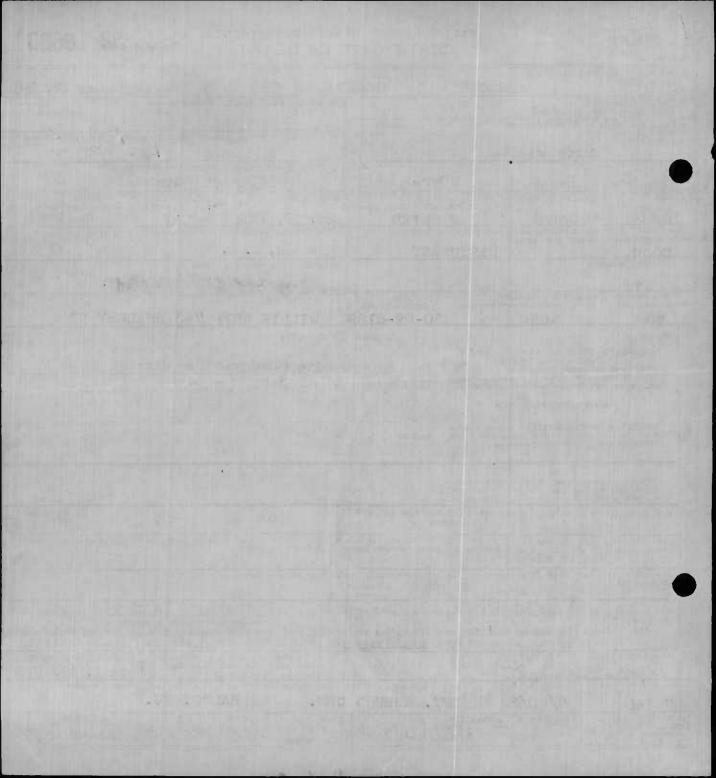
· Alabara a m · salaba SE 1442 IL 41 B 5. - II BE IN LA HENDE LE CONTROL CONTROL IN INCOME IN INCOME EN IN INCOME.

control of the causes of the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

52 8686

BIRTH NO.			CERTIFICAT	E OF DEAT	Н	Registered	No	COLUM
1. NAME OF DE (Type or Print)		NT COMP	Pod	DADOUCH DUE		DATE OF C	. 1	36 305
3. PLACE OF DE		NDSOME	INS!	BAROUGH RUF		DEATH SEPT		
A. Baltimore C		ol or institut	tion, give street address	A. STATE	vland	B. COUNTY		before admission
HOSPITAL OR	or . I not in nospit	at of Institut	location			side corporate lin	ts, wate	KUMAL and giv
A	Mercy Hospi	tal			timore	11	-0	township
			Yrs. Mos.	D. STREET ADDR				
	ay in Baltimore 6. COLOR OR RACE		20yrs Days	11 1717		y Street	34 81 1 4 M	
	Colored	WIDOW	VED, DIVORCED (Specif	7)		AGE (In years last birthday) M	onths D	
Female	UPATION (Give kind of		MARRIED OF BUSINESS OR	Oct. 22, 19	State or foreign	zn country)	1 12 CI	TIZEN OF
work done during most of	working life, even if retired)	REST	URANT	Columbia, S			W	AT COUNTRY
13. FATHER'S NA	AME	TUDE T	OITANZ	14. MOTHER'S M.		Ξ	1 20 30	900
?				7	PHE 13	1 1 1 may 9	+ ,	
15. WAS DECEASED Yes, no or unknown)	(If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		-	DDRES	S
NO	NONE		250-09-8169	WILLIE	RUFF 7	43 BRADL	EY S	T
18. 443	×		CAUSE	OF DEATH				TERVAL BETWEEN
	E OR CONDITION LEADING TO DEAT							
(This does	not mean the mode of e, asthenia, etc. It mea	f dying, e.	g., (A) Hyper	tensive card	iovascul	ar disease	9	
injury or	complication which e	aused death	DUE TO					
A	NTECEDENT CAUS	ES						
DISEASES OR CONDITIONS, IF ANY, GIVING			***************************************	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •	
UNDERLY	NG CONDITION LA	STATING TH	HE DUE TO					
DISEASES RISE TO TH UNDERLYI UNDERLYI OTHER SI TRIBUTING			(C)		• • • • • • • • • • • • • • • • • • • •			
OTHER SI	II GNIFICANT CONDI	TIONS CON	N•					
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED					
U 19A. DATE OF			FINDINGS OF OPE	RATION			20	O. AUTOPSY?
<u></u>	0						YI	ES NO X
21A. EXTERNA	CAUSE WAS OR CONTRIB-	218. PLA about home, f	ACE OF INJURY (e. g., farm,factory,street,office bldg.	in or 21C. WHERE I ,etc.) INJURY OCCL	OID (If in JR?	Baltimore City,	give exa	ct location)
21D. TIME (MOF INJURY	Ionth) (Day) (Year)	' '	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY O	CCUR?		
22. I certify	that I took char		remains described	ahove held an In	spection	& Inquiry	ther	soon and from
					Autopsy, Insp	ection or Inquiry		
and dea	th in my opinion	resulted f	psy, Inspection or rom: natural cause	s <b>X</b> , aecident $\square$ ,	$suieide \square$ ,	isea area on ti homicide 🗀, i	re aay ındeter	statea above mined $\square$ .
23A, SIGNATU	JRE //Q	. /		238. CHIEF M ASSISTANT M	EDICAL EXA	MINER 23		E SIGNED
Willia	Mount			1.D. MEDICAL INV	ESTIGATOR.	DIS	ept.	
	EMA- Z4B. DATE		24C, NAME OF CEMET			TION (City, town	, or coun	ty) (State)
BURIAL DATE RECEIVED	9/20/5		MT. AUBURN			• 11111	4000	Ecc
SEP 1 9 19	52 REGISTRAR'S	ton W	Illiams, M.F.	Las.	Llorgh	W 5/26	ADDR	
V S 151	0	y E	5 B.CV /	N				1/
		19,107	· LNN B	6-1-0	42			4



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mar OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location 40410 Mos. c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF AGE (In years) Served

4. USUAL RESIDENCE (Where deceased lived, Ininstitution; residence before admission) (If outside corporate limits, write RURAL and give township) AGE (In years | II Undar | Year | If Under 24 Hours | last birthday | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOWARD COUNTY, HOUSEWIFE DOMESTIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES THOMAS SARAH SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, moor unknown) (If yes rive war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) NONE NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. 029X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

CAUSE OF DEATH

10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED FINJURY WHILE AT

WORK

22. I hereby certify that I attended the deceased from.

deccased Rive on\_ 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DUNIA DATE RECEIVED BY

LOCAL REGISTRAR

24c. NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR dualus.

. 1952 and that death occurred at 1.05 Ap., from the causes and on the date stated above, 23B. ADDRESS

19 50 to

21F. HOW DID INJURY OCCUR?

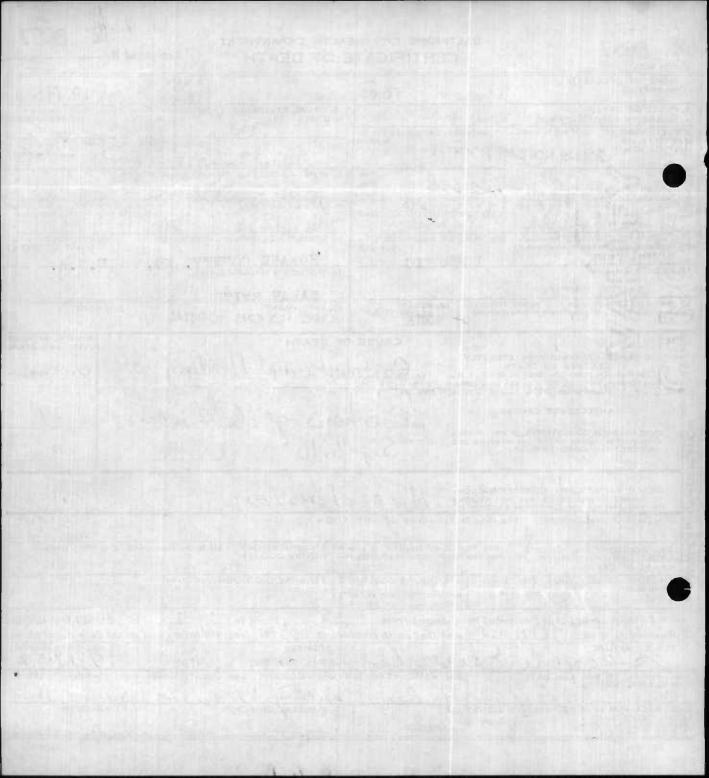
23c. DATE SIGNED 24D LOCATION (City, town, or county)

. 1952 that I last saw the

ADDRESS

VS 150

(State)



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

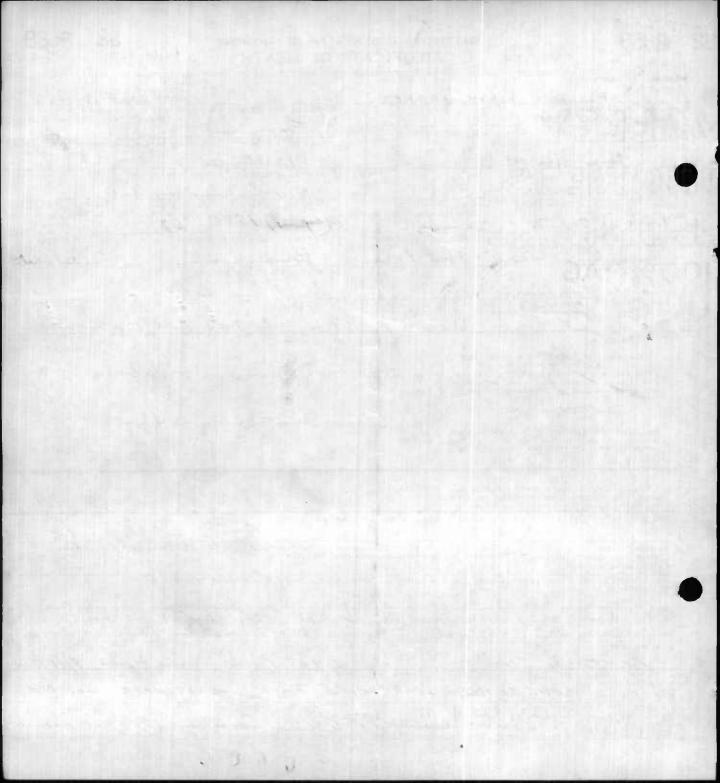
	IRTH NO.									
	NAME OF D		brose	J. Reiter			2. DATE OF DEATH SO	pt.	18,19	52
Α.		City, Maryland	ital or institu	tion, give street address or	4. USUAL RESIDE	NCE (WI		d. If instit	ution : resi	
H	OSPITAL OR			ale Road	c. CITY OR TOWN	(If o	utside corporate	imit, wri		and give
				78- Yrs.	o. STREET ADDRE			)		
c.	Length of s	tay in Baltimore		Mos. Days	3307 BI	loom in	ngdale R	oad		
5.	SEX	6. COLOR OR RAC		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In year last birthday)	e If Under		der 24 Hoers rs: Min.
10	Male	White CUPATION (Give kind	of 10B. KINI	ng le	May 22, 18		78	1 12	CITIZEN (	OF.
wor	Preside	of working life, even if retire	d)	r Grocery Co					WHAT CO	
13	FATHER'S				14. MOTHER'S MA	IDEN NAI	ME			
		as Reiter			Mary F	Coehl	er			
(Ye		ED EVER IN U.S. ARM (If yes, give war or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	7 D - 4	7700	ADDRI		2010
	no				liss Mary H	s. Rel	ter 3307		NTERVAL E	D.3
	18. 3 3	SE OR CONDITION	DIPECTIV		OF DEATH				DISET AND	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Corelinal hemoryhage, 16 days								aus	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO									
		ANTECEDENT CAL	SES							
NO	DISEASES OR CONDITIONS, IF ANY, GIVING									
ATI		HE ABOVE CAUSE (A		HE DUE TO						
FIC				(C)			** ***			
CERTIFICATION		IGNIFICANT CON								
CE		TO THE DEATH, BU								
7	19A, DATE C	F OPERATION	19B, MAJOR	R FINDINGS OF OPER	ATION				20. AUTO	[37]
EDICAL		ENT WAS UNDER	2 . 2	ACE OF INJURY (e. g., in			in Baltimore Ci	ty, give e	YES	ion)
MEL	CAUSE OF	R CONTRIBUTING[ DEATH	about home,	farm, factory, street, office hldg., e	ite.) INJURY OCCU	R7				
Â	OF INJURY	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY	OCCUR?			
			m.	WHILE AT WORK AT WORK		- 0	1 10			
		y certify that I a			138 6	· .			at I last	
	deceased at		, 1902,	and that death occur	3B. ADDRESS	from the	e causes and o		c. DATE S	
	crau	enta. Or	lilly	м. D.	3408 WW	udio	r ave.		9/19	52
TI	AA. BURTAL. (S	specify)	I DED	New Cathedr				own, or co	unty) Md	
	NT1AL	D BY   REGISTRA	R'S SIGNATI	UREATA.	5. FUNERAL DIR		imore,	ADI	DRESS	•
L	OCAL REGIST	RAR HW	tington	Williams M	G. Howard S	trong	3207 W.	Nort	h Ave	
-	545 150	1997	0	4,000		A 177				
				5 2 0 0	086	8 3				
				The second secon						

Dr. Reiter 701 Dryden Drive to the House of the Boarder . Of the Court out Bell !

3 = 3		526 8689 BALTIMORE CITY HE CERTIFICATI	/	
	=	NAME OF DECEASED	2. DATE	=
		ype or Print) WILLIAM BAOMGARDNER	DEATH Sept 10 1952	
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission	-
	В.	FULL NAME OF (If not in hospital or institution, give street address or	Emoryland 53-57	,
	IN	DSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township	
oly.		Mercy Hospital Yrs.	D. STREET ADDRESS (If rural, give location)	
and legibly	C	I anoth of story in Deltinous	516 Edmondson Que.	
l bi		SEX 6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hour	13
- 1	-	male White Morned (Specify)	May 9, 1885 last birthday) Months Days Hours Min	1.
clearly	10.	A. USUAL OCCUPATION (Give kind of does during most of worklog life, even if retired)  108. KIND OF BUSINESS OR INDUSTRY	11. B/RTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY	~~ ~ ?
		Unemployed - Clark . Food fair	Pennsylvania United State	-
death	13	FATHER'S NAME O Grocery (R)	14. MOTHER'S MANDEN NAME	
	16	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Sarah Gun Lohr.	
s of	(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1, 00 or unknowo) (If yee, give war or wates of service) SECURITY NO.	17. INFORMANT ADDRESS	
causes	_	in a second	Mrs. John Me Clemett 8334 Dablerich Rd.	
		DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEE	H
the		LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	Tatic Presence of Portrained	
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		• • • •
		ANTECEDENT CAUSES		
Physicians: please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	oschoti gagned foot	
ple	Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
ns:	ŏ	(c)		
cia	TIFI			-
Jys	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
A	U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	AATION   20. AUTOPSY?	_
nt.	CAL	2	YES Y NO [	
important.	IEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c		
E	2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	_
alily		m. WHILE AT NOT WHILE M. AT WORK		
especia		22. I hereby certify that I attended the deceased from	egst 18 , 1952, to Sept 18 , 1953 that I last saw th	he
esp		deceased alive on Sept 18, 1952 and that death occur	red at 8:50 Pm., from the causes and on the date stated above	e.
13		el H On Ol	38. ADDRESS 23c. DATE SIGNED	0
age	24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	3435 Carplan Che - Belto 9/18/52 RY OR CREMATORY 240. LOCATION (City, town, or county) (State)	)
	TIO	BURIAL SEPT. 22,1852 MORELAN		
rrect	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	

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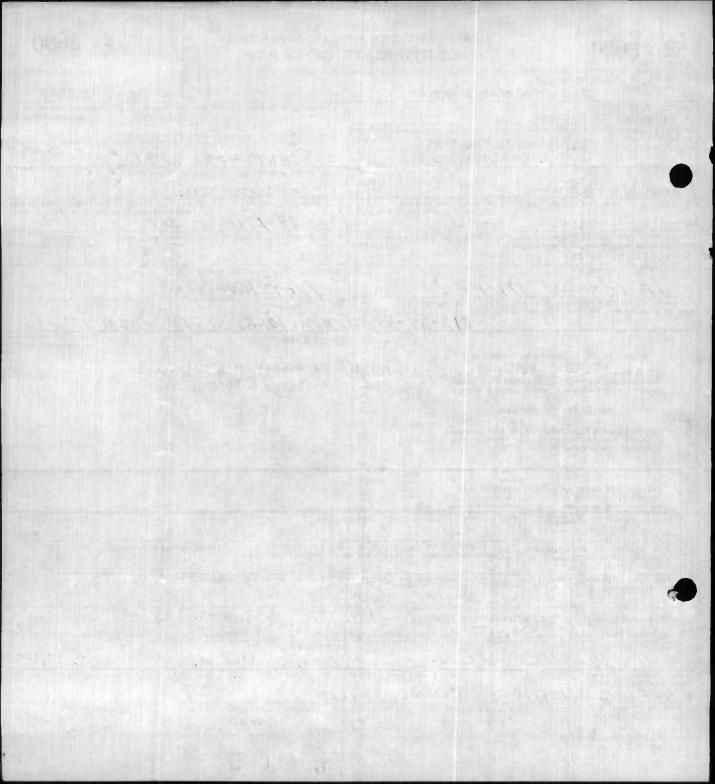
9 1952 Huntington Williams, Mitallin Cook, am 1217 ST. PAUL ST.



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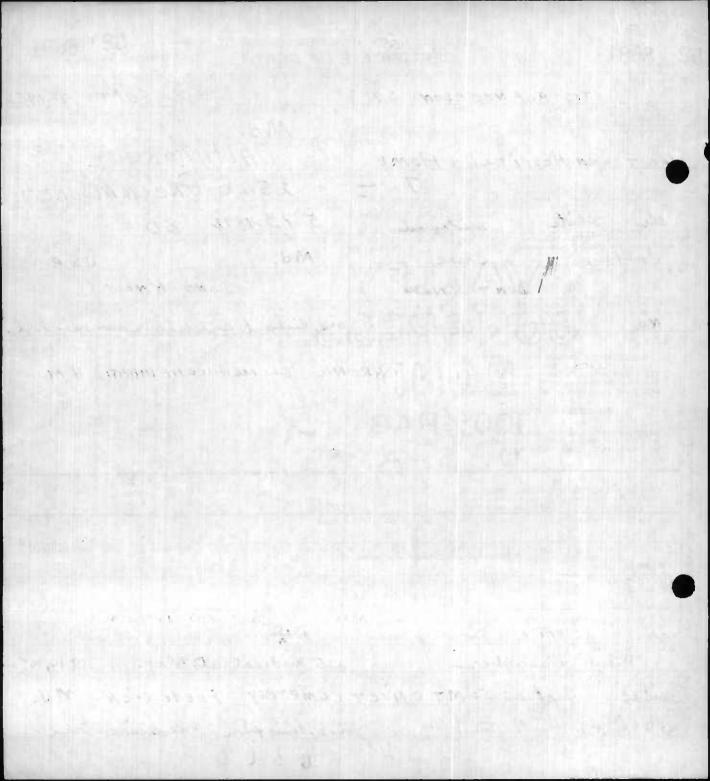
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO		CERTIFICAT	E OF DEATH		
1. NAME (Type or Pr	OF DECEASED			2. DATE	
(Type or F	Meanor Al	ceston Barber		DEATH Sep	t. 18,1952
	of DEATH: ore City, Maryland		4. USUAL RESIDENCE (		
		al or institution, give street address or		B. COUNTY	before admission)
HOSPITAL	AD.	's Hospital location)		f outside eorporate limi	ts, write RURAL and give
INSTITUTI	1400 N. Ca	roline St. #13	BALTIMO	DE IND	5 / _ township)
		Yrs.	D. STREET ADDRESS (II		1106
c Length	of stay in Baltimore	Mos.			
5. SEX	6. COLOR OR RACE	Days 7. SINGLE, MARRIED.	815 Washington 8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
733	29-14-	WIDOWED, DIVORCED (Specify)	card ac ini	last birthday) M	onths Days Hours Min.
Female 10A USUA	White	Married	11. BIRTHPLACE (State or	41	Lie cominer of
work done durin	g most of working life, even if retired)	INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY
	ered Nurse		Penna		USA
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN N		
JA	MES WL	UFFY	NOT KNO	WN	
(Yes, no or unk	CEASED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
		212-32-3853	CORVAL BARBE	8815 WAS	H-BLVID
18.	170 V		OF DEATH	10.00000	INTERVAL BETWEEN
DI	SEASE OR CONDITION				ONSET AND DEATH
1 1 1 1 1 1 1	LEADING TO DEA	YLI .	ma of Breast with	Metastasis	
hear	t failure, asthenia, etc. It mea	ns the disease,	to lungs & bon		***************************************
injur	y or complication which of	eaused death.) DUE TO	40 Tauba (1 4411		
	ANTECEDENT CAUS	BES			
O DISE	ASES OR CONDITIONS, 1	F ANY, GIVING		***************************************	***************************************
RISE	TO THE ABOVE CAUSE (A)	STATING THE DUE TO			
S S		(C)		***************************************	
OTH OTH	11				
E OTH	II ER SIGNIFICANT CONDI				
	UTING TO THE DEATH, BUT				
	TE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
I V					YES NO
	CCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
W CAUSE	OR CONTRIBUTING	anous nome, far in, factor y, street, outcome nug.,	INSORT OCCURT		
	ME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
JF INJ	URY	WHILE AT NOT WHILE			
75. 22. I h		m.   WORK   AT WORK		m+ 10 5	2
A 70	ereby certify that I att	ended the deceased from Aug			2, that I last saw the
		1952 and that death occur		the eauses and on t	he date stated above.
23A. SI	GNATURE			CT	23c. DATE SIGNED
244 91101	AL CREMAL 24R DATE	M. D.	1400 N. Caroline		Sept. 18,1952
THON, REMOV	VAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D, L	OCATION (City, town	, or eounty) (State)
OHIPP	ING WEPT, 19	-52 LONNELSVI	LLE PA	FA	
LOCAL RE	EIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	- 1	ADDRESS
CED 1	0 1952 Hunting	ston Verliams, A. 1.	Jemand C. Ha	nle 1218	WEST IN.
VS I	50				
		DE CO			



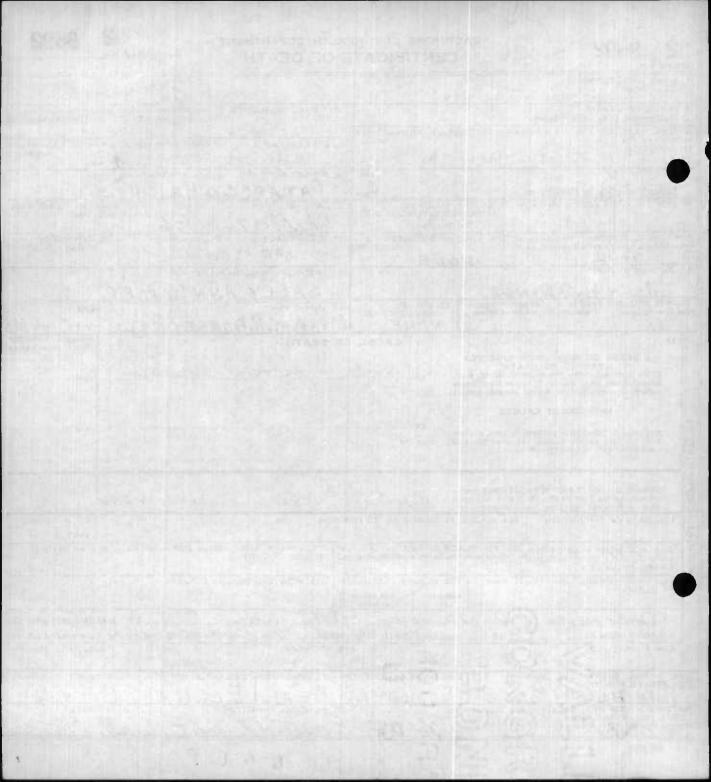
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

_							
	1. NAME OF DECEASED (Type or Print) OTIS A. ANDERSON- SR 2. DATE OF DEATH SEPT. 19-1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				ion, give street address o location		outside corporate limits, v	
		ERN HOSP	itali		DHIT	MOKE	township)
Ic.	Length of st	tay in Baltimore		7 Yrs.	2520	TREEN N	LOUNT AV.
	rale	White	WIDOY	E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH		er I Year   If Under 24 Hours
1 C	k done during most	CUPATION (Give kind) of working life, even if retires	I TOR KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME	1200		14. MOTHER'S MAIDEN NA		USA
15	WAS DECEASE	D EVER IN U. S. ARM	ONTI		De	NT KNOW	
(Ye	e, no or unknown)	(If yes, give war or da	les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
_	18.			I and the second	mrs. Richard an	derson - Jaw	INTERVAL BETWEEN
ATION	(This does heart failur injury or DISEASES	LEADING TO DE LEADING TO DE not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CALLS OR CONDITIONS, HE ABOVE CAUSE (AING CONDITION LEADING CONDITION LEA	ATH of dying, e. 1 eans the diseas caused death SES  IF ANY, GIVIN ) STATING TH	e, .) DUE TO (B)	DNIC GLOMERI	ILO NEPHRITIS	4 Mo.
CERTIFIC	TRIBUTING	II IGNIFICANT CONE TO THE DEATH, BU SEASE OR CONDITIO	NOT RELATE	ı.			
CAL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		YES NO NO
<b>JEDIC</b>		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.		f in Baltimore City, give	exact location)
	PID. TIME (	Month) (Day) (Yea		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased from MAY ,1952 to SEPT. 19, 1952 that I last sau					hat I last saw the		
	deceased al		7, 1952	and that death occu		he causes and on the	
	74-	L. Wollen	veber	м. р.	238. ADDRESS 225 hedreal a		3c. DATE SIGNED
	A. BURIAL, C	REMA- 248, DATE			ERY OR CREMATORY 24D. LO	OCATION (CM), town, or	
_	Burial	Sept. 2	-2-521	MT. Olive7	- CEMETERY	-Rederick	- /VI d.
L	SEP 19	1952 Hunt	ington	Williams M.	C. E. Cline for	Frederick.	md.
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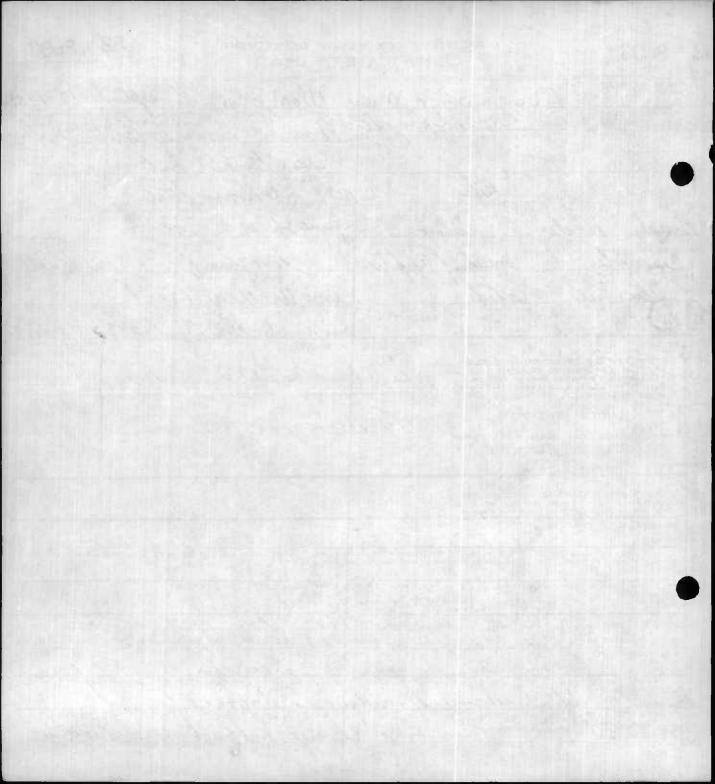
	520	
<i>[.</i>		EALTH DEPARTMENT 52 8692 F OF DEATH Registered No.
В	IRTH NO.	E OF DEATH Registered No.
	NAME OF DECEASED  Type or Print) Elizabeth Owings	2. DATE OF DEATH 9-19-52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B.	FULL NAME OF (If not in hospital or institution, give street address or ospital or	
	UNIVERSITY HOSPITAL	township
=	Yrs.	D. STREET ADDRESS (If rural, give location)
c.	Length of stay in Baltimore Mos. Doys	PATAPSCO HEIGHTS
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year   II Under 24 Hour
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
wor	k done during most of working life, eveo if retired)  NONE	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN H.OWINGS	SALLY ANN DORSEY
15 (Ye	B. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, 00 or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	NONE	MRSWM. R. DORSEY ELLICOTTGITYM
	18. 470/ CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.0.04.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	e suyo cardial infarction
	injury or complication which caused death.) DUE TO	
7	ANTECEDENT CAUSES	
Ö	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
AT	UNDERLYING CONDITION LAST.	
IFIC		
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED Hyperten S	IVE CARDIO-VASCULAR DISEASE
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
SAL		YES NO 2
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	
	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE AT WORK AT WORK	
. 1	22. I hereby certify that I attended the deceased from	9-18, 19 5 to 9-19, 1953 that I last saw th
	deceased alive on 4-19, 1952, and that death occur	4-3/1/
	23A. SIGNATURE)	23B. ADDRESS  [] LINEWERSERS (Longs)  23C. DATE SIGNED  9-19-52
	M. D.   24B. DATE   24C. NAME OF CEMETE	
	RIPIPI 9/7.1/52. STINHW	SCIEM FILICATT CITY MAN
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
C	DO 1052 Tuntington Villagus M.Z.	Parton Some Foliatt A.t. Su

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

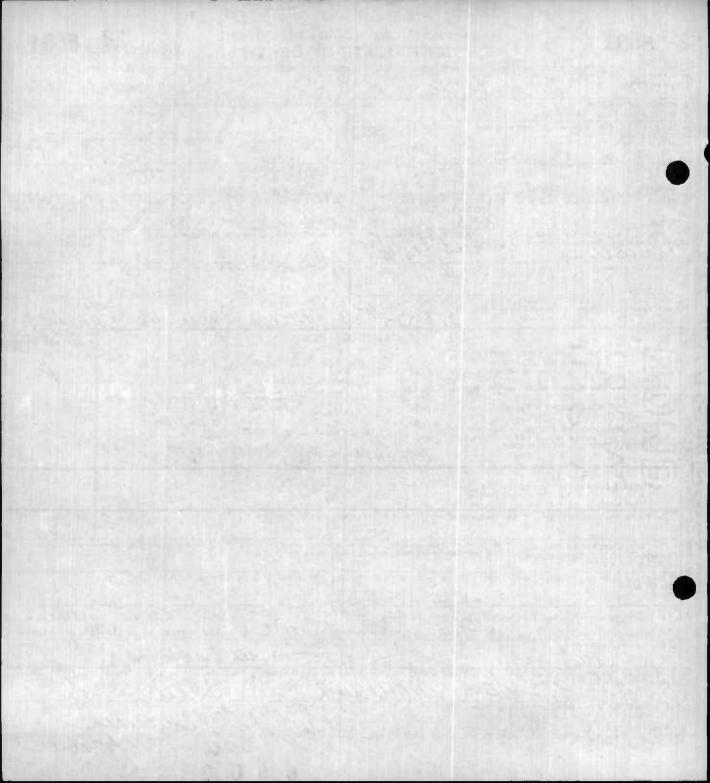
01	RIH NO.							
	NAME OF DECEAS		zab	eth. Ma	2.11	Wooters	2. DATE OF SEE	tember 17 - 1952
	PLACE OF DEATH: Baltimore City, I	Maryland	1/828	Me Henry	7	. USUAL RESIDENCE		If institution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospi	tal or institution	on, give street address locat		STOR TOWN (I	f outside corporate li	nits, write RURAL and give
IN	3111011011					Baltimin	is and.	10 - O township)
			P.I.		rs. C	STREET ADDRESS AL	rural, give location)	1110
	Length of stay in	Baltimore	7. SINGLE	. MARRIED.	ays 8	DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
1	emele. W	hite	WIDOW	D. DIVORCED (Spe	ecify)	June 36 -1914		Months Days Hours Min.
10 vorl	A. USUAL OCCUPAT	TION (Give kind of	108. KIND	OF BUSINESS OF	T.B.V	1. BIRTHPLACE (State or f		12. CITIZEN OF
	assenbly	, , , , , , , , , , , , , , , , , , , ,	Househo	ld appli		mayla	nd.	WHAT COUNTRY?
13	FATHER'S NAME		1-11	1//100		4. MOTHER'S MADEN N	AME/	/
15	. WAS DECEASED EVER	R IN U.S. ARME	D FORGES? I	16. SOCIAL		Im umelle	a /zyra	•
(Ye	s, no or unknown) (If yo	os, give war or date	os of se vice)	SECURITY NO	0.	3. INFORMANT	Bund 3	83. Car boten Co
	18. 175 X			CAUS	E OF	DEATH		INTERVAL BETWEEN
	DISEASE OR LEAD	ING TO DEA	TH	6	1		1	
	(This does not m heart failure, asth injury or compli	ean the mode of enia, etc. It mes	of dying, e.g.		eale	ged Milastalia	LARLANT TO	ed 4 mor
	ANTEC	CEDENT CAUS	SES	0.			. 1	
Z	DISEASES OR C	ONDITIONS, I	F ANY, GIVING	(B) (B)	Rec	sunom of	Vury	147
F	UNDERLYING C	ONDITION LA	STATING THE			U		
U				(C)	************			
RT	OTHER SIGNIFI							
CE	TRIBUTING TO THE					•••••••••••••••••••••••••••••••••••••••		
7	19A. DATE OF OPE	RATION 1	9B. MAJOR	FINDINGS OF O	PERAT	ION		20. AUTOPSY7
	21A. ACCIDENT W			CE OF INJURY (e.			If in Baltimore City	yes No
	CAUSE OF DEATH		about home, fa	rm, factory, street, office b	ldg., etc.)	INJURY OCCUR?		
	EID. TIME (Month) OF INJURY	(Day) (Year)		1E. INJURY OCCU		21F. HOW DID INJUR	Y OCCUR?	
				WORK NOT WE AT WO				
	22. I hereby cert		conded the c	leceased from	5/	19 19570	/	57, that I last saw the
	deceased alive on	11.1	, 195, α	nd that death oc		d at 7 m., from t	he causes and on	the date stated above.
	N-7.	Ja Hos	lia	м. р.	1	-879 Selair	Pd	9/19/52
	A. BURIAL, CREMA- N. REMOVAL (Specify)	248. DATE	/ 2	4g. NAME OF CEM	ETERY	OR CREMATORY 24D. L	OCATION (City, tow	vn_or county) (State)
DA	TE RECEIVED BY	HEGISTRAR	SIGNATION	readown	age	MINERAL DIRECTOR	vard to.	ADDRESSA
Le	SEP 20 1952	A	ton Wil	liams, M.P.		Levise he Sch	wet 03/2/1	Gederick are
Ī	VS 150	0		1:9 K	29	0	1) 0 0	2



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52		8	30	34
В	RTH	NO		
9	2142		\F	DECE

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIXTH NO.									
1. NAME OF DECEASED (Type or Print) Valia Payne	2. DATE OF Sept. 19, 1952								
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a STATE B. COUNTY before admission)								
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)									
South Radiomore General Hospital	Baltimore 27-0 township)								
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)								
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years   # Under 1 Year   # Under 24 Hours								
Fende White Wishow	last birthday) Months Days Hours Min.								
104. ISUAL OCCUPATION (Give kind of work in the during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
Walter Bare	14. MOTHER'S MAIDEN NAME								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or uniquown) (If you, give war or dates of service)	AT. INFORMANT ADDITES								
no - 217-03-12 1	M. Mallon lyne 2917 Chustople								
18. 4 20. 6 CAUSE	OF DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	eary Oscherion - legarather								
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	effection								
ANTECEDENT CAUSES ALTER	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLY NING CONDITION LAST.  (B)  AUTHORITY OF CONDITION LAST.  (B)  AUTHORITY OF CONDITION LAST.  (B)  AUTHORITY OF CONDITION LAST.								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	exensure QV.O.								
4 STREET THE SECTION LAST	docal Henriclegia, left.								
U/									
OTHER SIGNIFICANT CONDITIONS CON-									
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?								
	YES NO L								
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, afreet, office bldg., e									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI									
m. WHILE AT NOT WHILE	11/10/20 8/10/20								
deceased alive on Sept. 1, 195 and that death occur	fred at 12.05 fm., from the causes and on the date stated above.								
	38. ADDRESS								
oway M.D. &	South Pallo Tenl Hoop.								
100 HEMOVAL GOERATY 9/248. DATE 24C. NAME OF CEMETE 9/21/5V NOULA	TRY OR CREMATORY 24D. LOCATION (City, town, or county), (State)								
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS								
SEP 20 1952 Tuntington Williams, M	Pruly y stemuleur								
63366	5 6061 rungued la								
	0 8 6 8 9								



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8695

1. NAME OF DECEASED (Type or Print) JOSEPH W. APSLEY	2. DATE OF SEPT 18, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE  Maryland  Where dcceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAT) and give
institution 4704 Althea Avenue	(ownship)
Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Mos.  Days	4704 Althea Avenue
	Jan. 6, 1871  9. AGE (In years Months Days Hours Min. 81
10A. USUAL OCCUPATION (Give kind of Morking life, even if retired)  Retired Builder	11. BIRTHPLACE (State or foreign country) Rock Hall, maryland   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Edward Apsley	Virginia Eisenbrey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 213-20-4356	17. INFORMANT ADDRESS
213-20-4356	Mrs. Wm. H. Wesper, 4704 Althea Ave
18. 450.1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/X
(This does not mean the mode of dying, e.g.,	grene foot 3 mo
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
- unies	uo-selevers
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
(c)	
E II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	MURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED INJURY	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
0	195710 Sept 18, 1952 that I last saw the
deceased alive on 54x 17, 1952, and that death occurr	red at 6 2 m., from the causes and on the date stated above.
	3B. ADDRESS 23c. PATE SIGNED
S Disaday M.D.	3805 Belais Fd Sept 19/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
Burial 9/22/52 Loudon Parl	
	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAD	
25 4 7 1338 1 1 many 1 1 many 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Leonard J. Ruck, 5305 Harford Road.

1 7 5 2 0 0 0 0 8 6 9 0

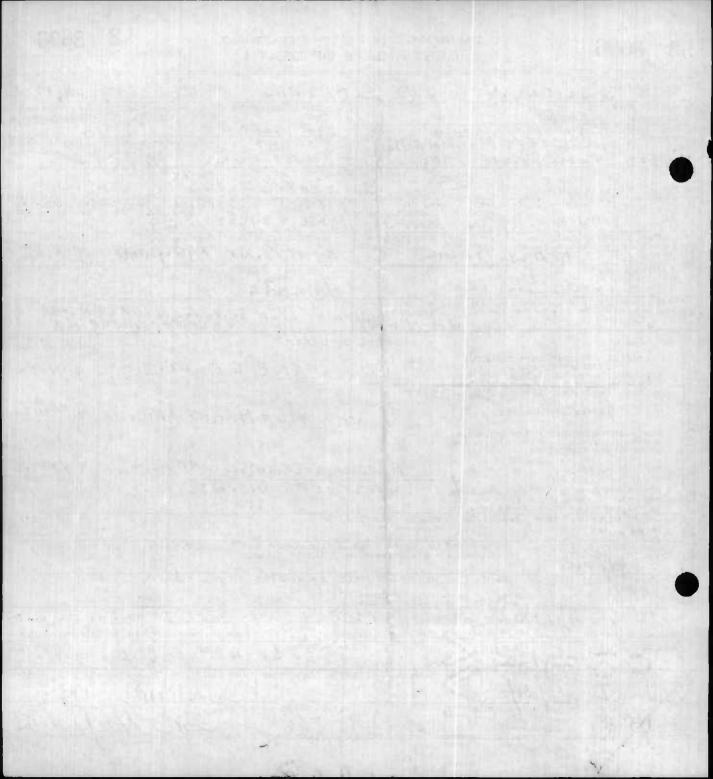
Te leading and Look week, List wood Legister Parished W. No. Ballatery, Parished . Hand House of Book , Sect Profession least. 3806/2088

6	3	6
52	8	696
BIRTH	NO.	
1 NIAN	E OF	DECEA

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8696
Registered No.

	NAME OF ype or Print)	WILLIAN	11456	LFORD	C	ARTER	2. DATE OF DEATH	SEPT	18	1952
	PLACE OF Baltimore	DEATH: City, Maryland		Transport		4. USUAL RESIDENCE				idence idmission)
	FULL NAME		pital or institut			MARRYLAN	2			less.
IN	STITUTION	HILLCRE	ST NUI	2514GH	SANE	C. CITY OR TOWN	(If outside corpora	te limits, wr		L and give township)
	212	STONEY	RUNI 4	ANE		BALTNION	E	1-1	-	township,
				7	Yrs.	D. STREET ADDRESS	(If rural, give rocat	tion)		
c.	Length of	stay in Baltimore			Mos.	3508 GR	EENLERF	KOA	0	
5.	SEX	6. COLOR OR RAC		E. MARRIED.		8. DATE OF BIRTH	9. AGE (In y	ear If Under		nder 24 Hours
	M·	W/.	IN.	DO WE	0	MAR. 23,18	69	ay) Months		
worl	done during mos	CCUPATION (Give kind tof working life, ever) if retired in the control of the con	red) / 2 3		SS OR NDUSTRY	11. BIRTHPLACE (State	- Alanin		WHAT CO	
13	. FATHER'S		04-11			14. MOTHER'S MAIDE	1		0 3	7.4.
	1		ARTE	R		AMANJA	TVANIE			
15 (Ye	, was DECEA	SED EVER IN U. S. AR	MED FORCES?	16. SOCIAL		17. INFORMANT		(a ADDR	ESS-TER	1
(100	NO	(2. 300) 8000 401 01	indes of her vice)	216-N-	1 -1	MRS. ELLA S	CHAMAN	NACER	6 170	)
	18. <i>U</i>					OF DEATH	0 000 100 2		INTERVAL	BETWEEN
	/	γγ. / I			AUSE	OF DEATH			ONSET AN	
		LEADING TO D	EATH		11.	ERATIVE C	SUITIS		1 4/6	IEEK
	(This do	es not mean the mod lure, asthenia, etc. It i	le of dying, e. means the diseas	g., (A)	000	66111175				22.0
	injury o	r complication which	h caused death	h.) DUE TO						
-		ANTECEDENT CA	USES		_	GESTIVEH	= 377 FA	11175	2 11	DNIHO
Z				(B)	COM	GESTIVE	F1711 / 111	-V 1612		
5	RISE TO	ES OR CONDITIONS THE ABOVE CAUSE	5. IF ANY, GIVING TO	NG HE DUE TO						
A	UNDER	LYING CONDITION	LAST.				1		1	
IFIC		11		(c) F	712751	ZIOSCLEIZOTI	CCARDIO	-	2 /15	ARS
R		SIGNIFICANT CO		N-	IRS	CULAR DIS	ENSE			
CE		NG TO THE DEATH, B DISEASE OR CONDIT								
	1	OF OPERATION	19B. MAJOR	FINDINGS (	OF OPER	ATION			20. AUT	OPSY?
Y	//	OME							YES	NO L
EDICA		Specify)		ACE OF INJUF			(If in Baltimore	City, give	exact loca	tion)
E		NONE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	The state of the s	12 200 400			
		(Month) (Day) (Ye	ar) (Hour)	21E. INJURY	OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?		=====	
	OF INJURY		m.	WHILE AT WORK	NOT WHILE					
	22. I here	by certify that I	attended the		nm 111	13 CH 1951 to	SEPT. 18	1052+2	at I last	east the
	deceased of	alive on 9-1	) - 1952	and that dea	th occur	red at 7 P. m. fro	m the causes an			
	23A, SIGN		/ 0	this that aca	1 0	2- ADDDECC .		0 1 00	C. DATE	
	Ch	Allen K	-ant	Jm	M. D.	4230 LOCK	1 ICT AFH (	LLAD	9-1.	F-52-
	A. BURIAL.	(Spegify)		4c. NAME OF	CEMETE	RY OR CREMATORY 24	D. LOCATION (City	y, town, or e	ounty)	(State)
	Duri		12/52				hurch N	1hh-	Md.	
	ATE RECEIV	TRAR REGISTRA	AR'S SIGNATU	5 / 7 / 1 / a	111	25 EUNERAL DIRECT	OR	_ / /AD	DRESS	PI
0	EP 20		tington	Welliam	- Mi	Lock	5505	Har	ford	10.
	VS 150	1	.0 5-			1//		1		-2012
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			and the second second	1		6 6 0				

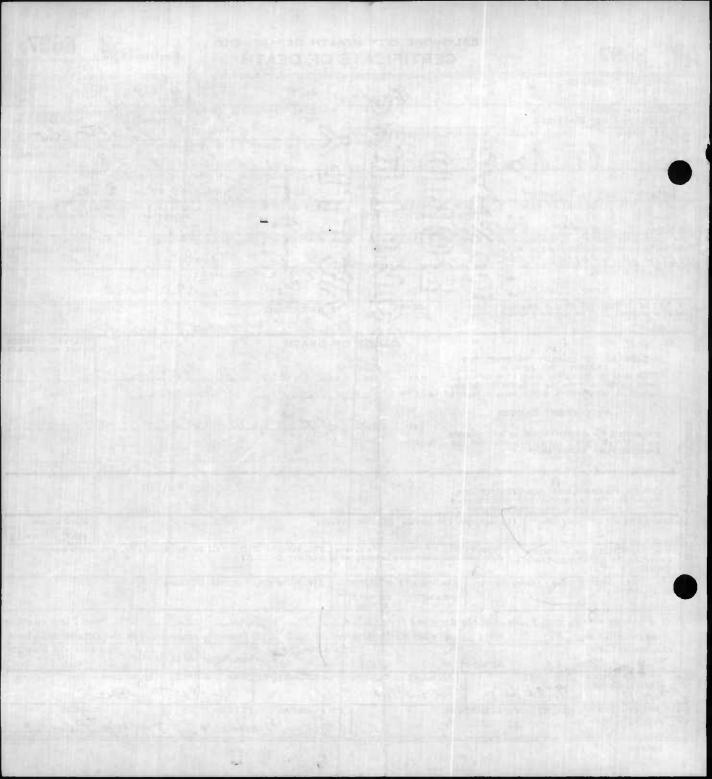


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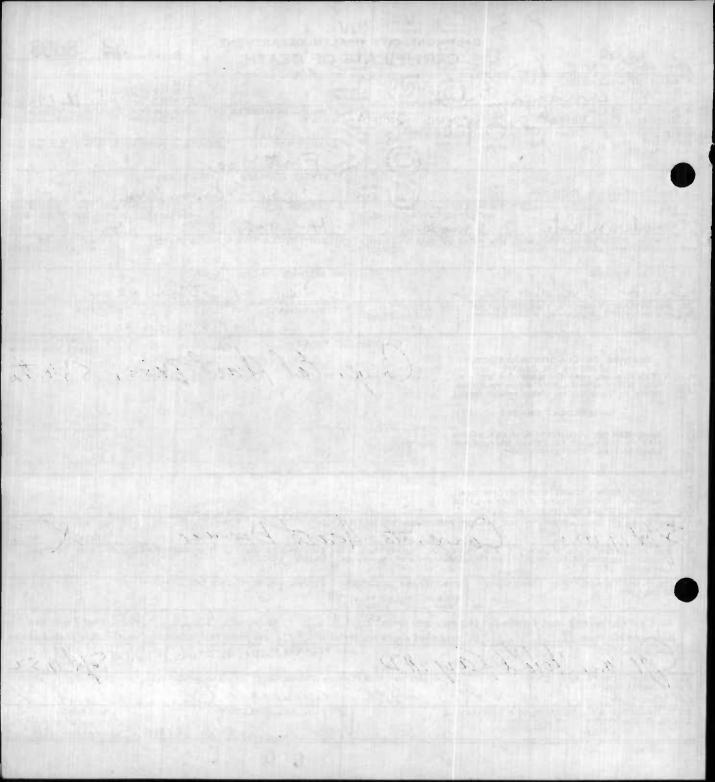
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

/	52	8697
/	Registered No	0001

Billin Ro.	
1. NAME OF DECEASED has les. Steven	2. DATE OF 9-17-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE)  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and vive
INSTITUTION It Acres & Historia	halfing a township)
Yrs.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos.	125. Assented are
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years   ff Under I Year   ff Under 24 Hours   last birthday)   Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of JOB) KIND OF BUSINESS OR	7-13 78
work done during most of working life, even if retired / Chile III A IN CHILD STRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	13 alto and USA
Joseph Stevens	Ellen Larrenoce
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT / ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Wilhert VI Tevens anus
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	Im anary Infarction
neart failure, asthenia, etc. It means the disease.	vio Scl. C. V. desease
ANTECEDENT CAUSES	
z (8) Ca	of the prastate
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	D. C.
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 2-	-17 , 1952, to 9-17 , 192, That I last saw the
deceased alive on 9-17, 1957 and that death occur	red at 11:30 fm., from the causes and on the date stated above.
	38. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
TION-REMOVAL (Specify) 9/20/52 LOUDON 1	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 20 1952 Huntington WII:	proconabt + Son Catonsville
VS 150	



		EALTH DEPARTMENT Registered No. 8698
	NAME OF DECEASED (Type or Print)	2. DATE OF DEATH Seysteman 12 1962
A	PLACE OF DEATH: Baltimore City, Maryland JOHNS HOPKINS HOSPITAL FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
	OSPITAL OR Iocation) NSTITUTION	Fart 200,
	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  Smale  Smale	4-29-52 4
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if rotired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
1	That Sloan	14. MOTHER'S MAIDEN NAME
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSDITAN
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
EDICAL	198. MAJOR FINDINGS OF OPER  218. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg.,	mor   21c. WHERE DID (If in Baltimore City, give exact location)
	DF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  WHILE AT WORK NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from 9- deceased alive on 9-19, 1952, and that death occur	rred at 60 / fan., from the causes and on the date stated above.
	MINTER STUDY COM III -M. D.	238. ADDRESS JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED
7 T	9 PURIAL CREMA- 248. DATE 240 NAME OF CEMETE ON REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
L	SEP 20 1952 Thurtington Williams, M.	25. FUNERAL DIRECTOR ADDRESS POR ADDRESS POR
	VS 150	00693

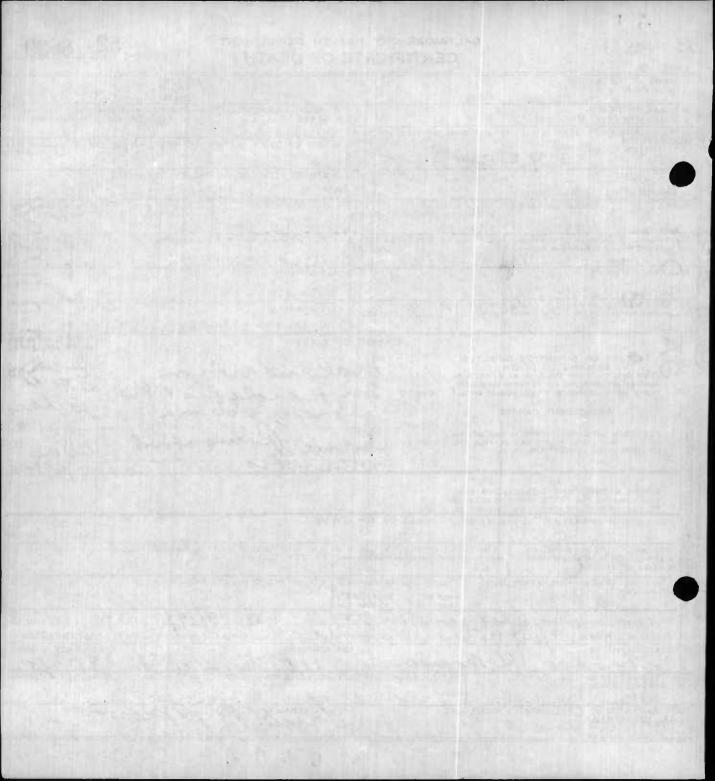


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 52 8699

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	2003.00104.110	
	NAME OF DI		Equal (			2. DATE OF	
2	PLACE OF DI	Irvine L.	Eisema	in	4. USUAL RESIDENCE (W	DEATH Sept.	
		ity, Maryland			A. STATE	B. COUNTY	before admission)
	FULL NAME O	OF (If not in hospit	al or institut	tion, give strect address or location)		outside corporate in its,	AND DAT
IN	STITUTION	1807	Eutaw	P1.		outside corporate in its,	township)
		2001		Yrs.	Baltimore B. STREET ADDRESS (If	rural, give location)	
C.	Length of st	ay in Baltimore	T. f	ife Mos.		ace	
	SEX	6.COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years If Ur	nder 1 Year   If Under 24 Hours
	Male	White	Sina	VED, DIVORCED (Specify)	Mar. 14.1884	68 7	ths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	I TOB. KIN	OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
	None			MDOSIKI	Baltimore Mer	vland	U.S.A.
13	. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	AME	
	Moses E	ernard Eis	eman		Eugenie Lobe		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	No				Mr. Walter Ei	seman.1807	Eutaw Pl.
	18. 4xx	. 7		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION LEADING TO DEA	TH	laa	00 11 1		Same a
	(This does heart failu	not mean the mode ore, asthenia, etc. It mes	of dying, e. 1	g., (A)	acoustic	ron	7-000
	Injury or	complication which	caused death	1.) DUE TO M	yreardet	es x oul	2-0-
		ANTECEDENT CAU	SES	m	onary od	ema	3 any
Z	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)	$\mathcal{O}_{\mathcal{O}}$		0.
ATION	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO	rouse chen	materd	(18 m) 10
FICA				(C)	chrifis	1**************************************	years
RTIF		11					
ш	TRIBUTING	GNIFICANT COND	NOT RELATI	ED			~
O		SEASE OR CONDITION F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	-	- 0				YES NO D	
EDIC		ENT WAS UNDER-		ACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	If in Baltimore City, giv	re exact location)
1EC	CAUSE OF	CONTRIBUTING DEATH	about boine,	raim, roccor y, across, o mos biog.,	INJURY OCCURY		
	21b. TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	DI INSORT		m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I at	tended the	deceased from	2/1/ ,19 10 to	9/19/ 1952	that I last saw the
	deceased al	ive on 9/19	1, 1957	and that death occur	red at 9 A m., from t	he causes and on the	
	23A, SIGNAT	URE	11 n.		3B. ADDRESS		23C. DATE SIGNED
_	200	oder 1	4.11	24c. NAME OF CEMETE	115. Oh	OCATION (City, town, or	9/20/52
Ti	A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE pecify)				OCATION (City, town, or	reductly) / (State)
-	Burial	Sept. 2	2,195	Hebrew Fri	endship Cem. B	altimore St	Balti.,Md
L	CAL REGIST	RAR	L LI	ille	Dand 18	prpeus	RESS
1	EL COL	17 - F-	ton IV	Laur, M.Z.	David R. Marti	ň, 1902 Tuk	W Place
	VS 150	0		E 20 0	00600	Balt	imore, Md.

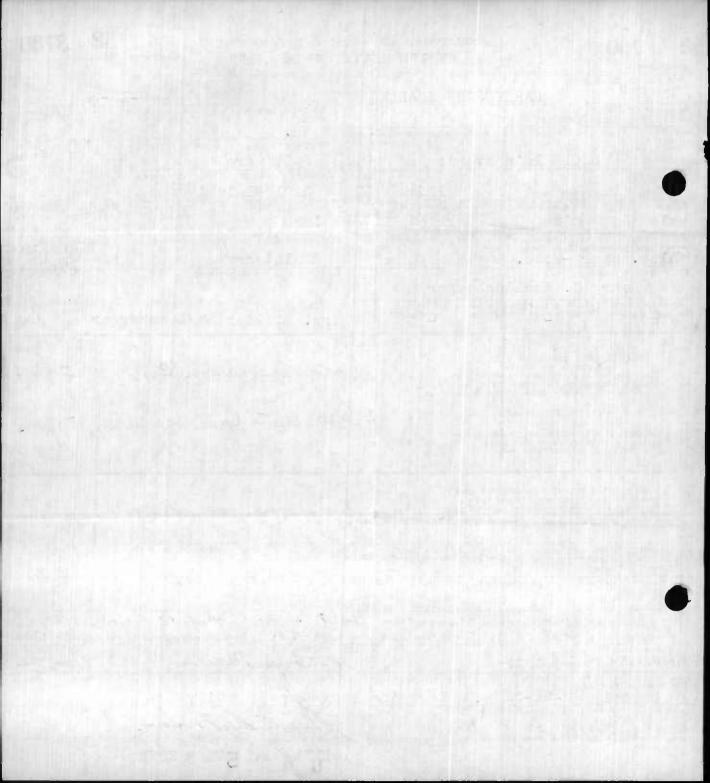


#4	51
2'	8700

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8700

DIKIH NO.											
I. NAME OF DECEAS (Type or Print)		RY JOH	N SHALL	ENBER	GER		OF DEATH 9-	18-52			
a. Baltimore City, 1	Maryland				A. STATE	SIDENCE (W	here deceased lived. B. COUNTY	If institution : re	sidence admission		
B. FULL NAME OF HOSPITAL OR	(If not in hospita	al or instituti	on, give street	address or location)	c. CITY OR TO	DIA/NI (IE	outsido componete lie	in today			
INSTITUTION 32	Ol Elgin	n Aven	ue			imore	outside corporate lin	5 WITH RURA	Land give		
				Yrs. Mos.			rural, give location)				
c. ength of stay in			life	Days			Avenue				
	hite		MARRIED,	D (Specify)	1888	IRTH .	9. AGE (In years last birthday)	ff Under I Year II Months Days H	Under 24 Hours ours Min.		
10A. USUAL OCCUPA- work doos during most of work in Whlse.paper	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZ			12. CITIZEN WHAT C	OF				
	J. Shall		ger		14. MOTHER'S	MAIDEN NA	AME				
(Yes, no or unknown) (If y	R IN U, S. ARMED	FORCES?	16. SOCIAL SECURIT	TY NO.	Mrs. Li	llian a	Shallenber	ADDRESS rger			
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,  (C)  (A)  COLORARY  (A)  COLORARY  (A)  COLORARY  (B)  AT LEXOSCLESS Tie Con big Vascular des, Due to								51	uiu.		
OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE	HE DEATH, BUT	NOT RELATE	D				***				
19A. DATE OF OPE	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						RATION				
21a. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING		CE OF INJUR arm, factory, street,				f in Baltimore City	, give exact loca	ition)		
21D. TIME (Month)	(Day) (Year)		HILE AT WORK	NOT WHILE	2 IF. HOW	DID INJURY	OCCUR?				
22. I hereby cert	ify that I att	ended the	deceased fro		pt 2	9 - to	pt: 18, 19	52, that I las	t saw the		
deceased alive on	10	., 19	and that dea	th occur	ed at 2./2	_m., from th	ne causes and on	the date stat			
Jourself	Cobersi	on		M. D. 3	8356wy	ans Fall	Pray	01	152		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial	248. DATE 9-22-5		Lorrai	CEMETER	Y OR CREMATO		CATION (City, tov	vn, or county)	(State)		
DATE RECEIVED BY LOCAL REGISTRAR SEP 201952	REGISTRAR'S	1		THE PE		DIRECTOR &	le Son	ADDRESS			
VS 150	Ö	12 t	2900	8	GREEN	UNT BVI	E & 22ND				

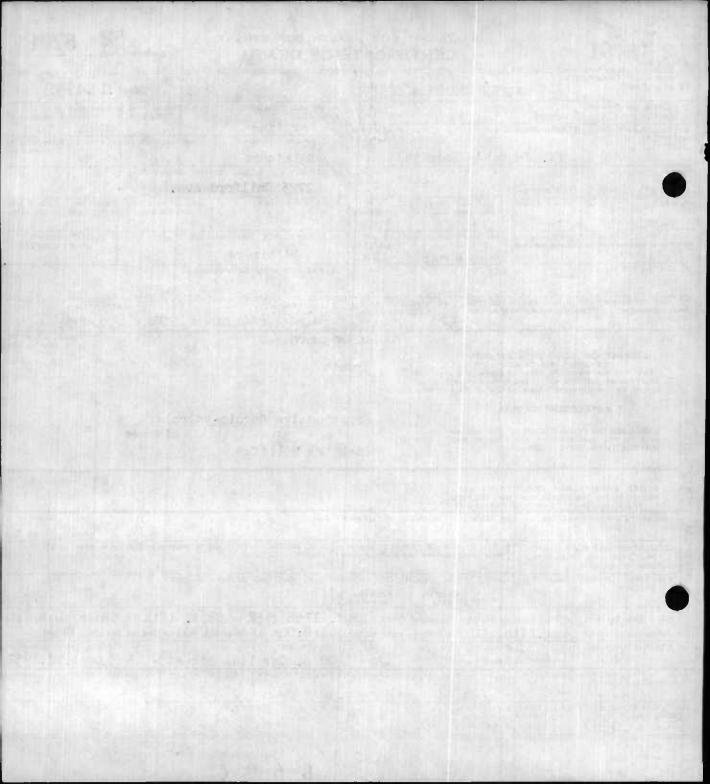


6	5	V
52 BIRTH	I NO	8701

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8701

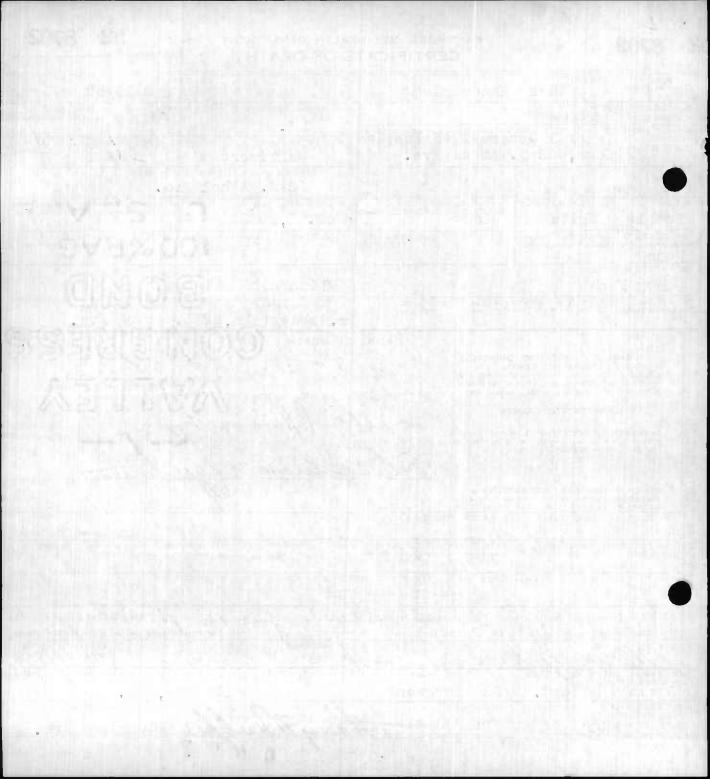
BIRTH NO.									
1. NAME OF DECEASED (Type or Print) AGNES THERESA BURNS	2. DATE OF Sept.18, 1952								
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)								
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)									
St. Joseph's Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
Yrs.	D. STREET ADDRESS (If rural, give location)								
ngth of stay in Baltimore life Mos.	2725 Ghilford Ave 13								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  9. AGE (in years last birthday) Months: Days Hours Min.								
Female   White   MARRIEU  10A. USUAL OCCUPATION (Givekind of   10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF								
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?								
DURRS MACHINE OPER, BENDIX RADIO CORP.	Baltimore								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
LAMES DENNIS O'NEILL	MARG. EINEN COULTER								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS A A								
212.20 4630	MR. JAS. O'NEILL 2728 Bulloch								
Is - / -/ CAUCE	OF DEATH								
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH								
LEADING TO DEATH	emia								
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
injury or complication which caused death.) DUE TO									
ANTECEDENT CAUSES									
Hypertensive Cardio-vascular									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	disease								
UNDERLYING CONDITION LAST.	abetes Mellitus								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON-									
OTHER SIGNIFICANT CONDITIONS CON-									
W TRIBUTING TO THE DEATH, BUT NOT RELATED									
TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE									
21A. ACCIDENT WAS LINDER.   218. PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)								
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?								
m. WHILE AT NOT WHILE AT AT WORK									
22. I hereby certify that I attended the deceased from Se	pt. 11th, 19 52 to Sept. 18th, 19 52that I last saw the								
	rred at 4:00a m., from the causes and on the date stated above.								
23A. SIGNATURE A D	23B. ADDRESS 23c. DATE SIGNED								
Carles Igno? M.D.	1400 N. Caroline Street - 13   Sept. 18, 1952								
24A. BURIAL, CREMA 248. DATE 24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
BURIAL 9.22-12 (ATHER)	BUL CEM 1								
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS								
SEP 20 1952 Huntington Williams, M.	? Succlifully & Love								
VS 150	in the samell								
5 - 6 902	M Treepor some live. + +0 for								
1 2 2 6 3	78696								



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8702 Registered No.

BIRTH NO.								
1. NAME OF DECEASED (Type or Print) Mary Kane Knight	2. DATE OF DEATH 9/19/52							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission							
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR GENERAL GERMAN Aged 20	address or 1500 City OF TOWN							
home, 22 S. Athol Ave.	Baltimore (If outside corporate limbs) write Rolland a drain township							
	Yrs. D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore	Mos. Days 22 S. Athol Ave.							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under 24 House   In the I Year   In the							
Female White Widow Divorce	Peb. 2,1863 89							
10A. USUAL OCCUPATION (Givekind of vork done during most of working life, even if retired)  None	SS OR NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Henry Kane	Elizabeth McMichael							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECUR	17. INFORMANT ADDRESS Sr.Fredericka, 22 S. Athol Ave.							
18. 33/X	Live over Desire							
	CAUSE OF DEATH							
LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	(This does not mean the mode of dying, e.g., (A)							
injury or complication which caused death.) DUE TO								
ANTECEDENT CAUSES								
(B) Calley Heaven 1000								
Z  O  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO								
UNDERLYING CONDITION LAST.								
	Ten Dileiasin V Junt							
F	and war hypothesis							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION 20. AUTOPSY?							
<b>V</b>	YES NO (							
21a. ACCIDENT. SUICIDE. HOM!CIDE (Specify)  21b. PLACE OF INJU about home, farm, factory, stree	RY (e.g., in or control of the state of the							
ZID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY	OCCURRED 21F. HOW DID INJURY OCCUR?							
F INJURY m. WHILE AT WORK	NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased fr	om Flyn, 152 to 18 Lyt, 193 7 that I last saw th							
deceased alive on 15 Lut 182, and that de								
23A. SIGNATURE	238. ADDRESS / 23c. DATE SIGNED							
Millery A. Dupon	M.D. H. 05 Elmendey 19 Sept 50							
24A. BURIAL, CREMA- 24F. DATE   24C. NAME O	F CEMEZERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
Burial Specify Sept. 22/52 Parkwoo	Baltimore. Md.							
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	22. FUNERAL DIRECTOR ADDRESS							
LOCAL REGISTRAR Thurtington Welliam	Farry H With 101 Edmondson Ave.							
317401004	THE THE PARTY OF THE PARTY AVE.							
VS 150	00008697							
1 9 5								

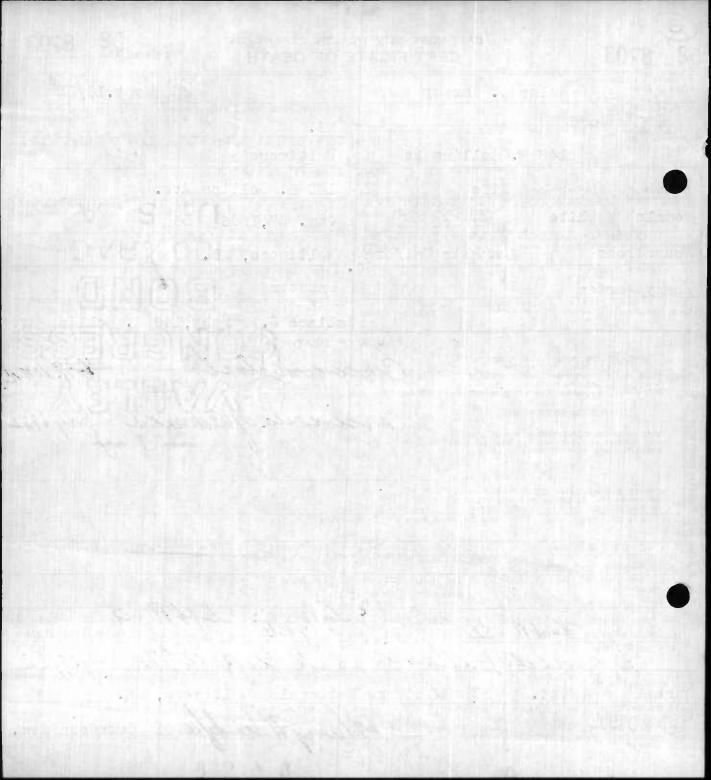


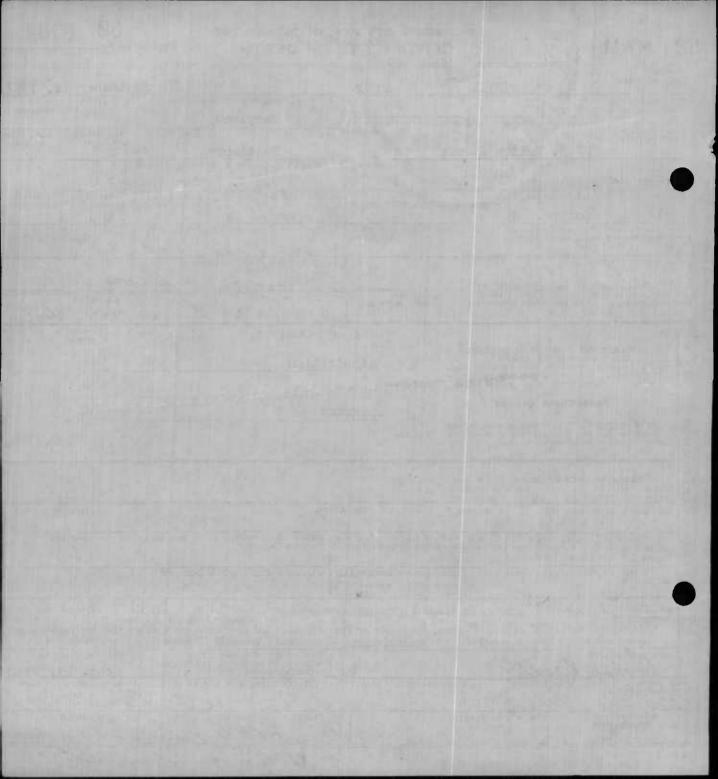
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8703

BI	RTH NO.							
	NAME OF Divpe or Print)		A. Mu	rphy		2. DATE OF DEATH SO	pt.18/52	
B. HC	PLACE OF DI Baltimore () FULL NAME OSPITAL OR STITUTION	City, Maryland OF (If not in hosp		ion, give street address or location)			If institution: residence before admission)	
				Yrs. Mos.	D. STREET ADDRESS			
C.		tay in Baltimore	Life	Days	148 S. Coll:			
	emale	White		e, married, ved, divorced (Specify) 1ed	Jan . 27,1896	9. AGE (In years last birthday)	Months Days Hours Min.	
work	done during most n	f working life, even if retired		of Business or in Uniform	Baltimore, I	ild.	12. CITIZEN OF WHAT COUNTRY?	
	enry Me	Date of the same		(M) 00	14. MOTHER'S MAIDEN Unknown	NAME		
15		D EVER IN U. S. ARM	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	77. INFORMANT Wallace J. Mu	rphy,148 S	ADDRESS Ave	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) CARCULOTRATION (B) CARCULOTRATION (B) CARCULOTRATION (B) CARCULOTRATION (C)							
U	TRIBUTING	TO THE DEATH, BU ISEASE OR CONDITION	NOT RELAT	ED	RATION		20. AUTOPSY?	
EDICAL	21a. ACCIDE HOMICIDE	INT. SUICIDE, (Specify)	21B. PLA	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	yes No	
Σ	21D, TIME (	Month) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
	deceased al	amus	8,1952.	and that death frew	3326 AUG	the causes and on	that I last saw the the date stated above.  23c. DATE SIGNED  9/19/52	
B	n. REMOVAL (S Urial	Sept.	22/52	Baltimore	National Bal	Location (City, too	d. /	
	CAP PEOST		ington	Williams, Al	farmy H. wie		address lmondson Ave.	
	VS 150		and the same of	9690246	0 8 6 9	8		





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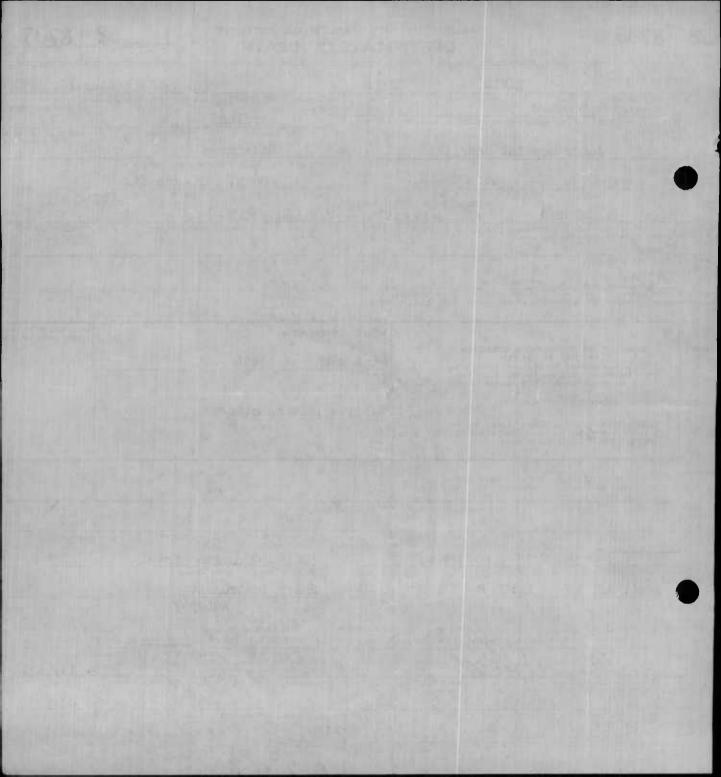
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#### BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

Registered No 8705

2. DATE DAVID BAKER DEATH September 18, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) Maryland If not in hospital or institution, give street address or write RURAN and give C. CITY OR TOWN (If outside corporate limits. township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 406 N. Caroline Street Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 8. DATE OF BIRTH 9. AGE (In years | It Under 1 Year | It Under 24 Hours | Months | Days | Hours | Min. Male Colored 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY ala 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yee, uo or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Massive left hemothorax DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. INJURY OCCUR? 406 N. Caroline Street Home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED OF INJURY NOT WHILE Sept. 11:00 Pm. Sharp instrument WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify) AC. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Junal DATE RECEIVED BY 25. BUNERAL DIRECTOR



AB-161332 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) August 15-1952 James Edwards OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Anna Arundle HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals 4940 Eastern Ave. INSTITUTION 52-00 Rural- Crownsville Yrs. D. STREET ADDRESS (If rural, give location) 24days Mos. ength of stay in Baltimore Crownsville State Hospital Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify Single 663 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANTILIMOTE City Hospitals (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4940 Eastern Ave. 18. 522X1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypostasis Preumonia days (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour)

F INJURY

22. I hereby certify that I attended the deceased from 7-22deceased alive on 8-15-

24A. BURIAL, CREMA-24B. DATE

23A. SIGNATURE

TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

0

REGISTRAR'S SIGNATURE

untryglow

NOT WHILE WHILE AT WORK

450000

19 52 and that death occurred at 6.15PMm., from the causes and on the date stated above.

238. ADDRESS

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1952 to 8-15-

4940 Eastern Ave. ,Baltimore, Md.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) UNIVERSITY MEDICAL SCHOOL SEP

25. FUNERAL DIRECTOR

Williams witington

ADDRESS

19 52 that I last saw the

(If in Baltimore City, give exact location)

20. AUTOPSY

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	VS

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	REA.	-43797 8707	7

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No 8707

В	IRTH NO.	07		CERTIFICAT	E OF DEATH	Registered	I No.			
	NAME OF D	ECEASED	John	Barnes		2. OATE OF DEATHAR	30, 19	52		
Α.	Baltimore C	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIOENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission					
H	OSPITAL OR	Baltimore 4940 Easte	City H.	ospitals location)		outside corporate lin		JRAL and give township		
F		1710 = 2500	111 10 0	Yrs.	D. STREET AODRESS (If rural, give location)					
		tay in Baltimore		Life Mos. Days	B. C. H. 4940 Eastern Avenue					
	Male	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED, VED. DIVORCEO (Specify)	Feb. 22 ?	9. AGE (in years lest hirthday)	f Under I Yeer Months Days	Hours Min.		
wor	A. USUAL OC k done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITI	ZEN OF T COUNTRY		
13	B. FATHER'S N	John Bar	nes		14. MOTHER'S MAIDEN N	AME				
1: (Ye	5. WAS DECEASE 16, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H.	4940 Easte	ADDRESS	ue		
	18. 470	-1		CAUSE	OF DEATH			VAL BETWEEN		
	DISEAS (This does	E OR CONDITION LEADING TO OEAR not mean the mode of	rH f dying, e. j	6 · • (A) · · · · · · · · · · · · · · · · · · ·	ry Occlusion			1 hr.		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	ANTECEDENT CAUSES									
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING									
AT		HE ABOVE CAUSE (A) 'ING CONDITION LA		(C)						
FIC				(0)						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	. 19A, OATE OF OPERATION   19B, MAJOR FINOINGS OF OPERATION									
1EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21C. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City	, give exact	location)		
Z	TID. TIME (	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?				
	22. I hereb	y certify that I att	ended the	deceased from 4	-13 , 199 , to	8–30 , 19	52, that I	last saw th		
	deceased al		_, 192		rred at 7:40A m., from t					
		4.5.	Cho	gen M.D.	4940 Eastern Av	enue	9-8	SIGNED		
Z. TI	4A. BURIAL, C ON, REMOVAL (S	CREMA- 248. DATE pecify)	4	24c. NAME OF CEMETE	AFRICAL SCHOOL SEP 17	OCATION (City, tov	vn, or county	(State)		
	ATE RECEIVE		+	Velliaus M.Z.	25. FUNERAL OIRECTOR	Williams	ADDRES	SS		
=	VS 150		0		- Antique	· · · · · · · · · · · · · · · · · · ·	1			
		14		5 5 6	10870	2				

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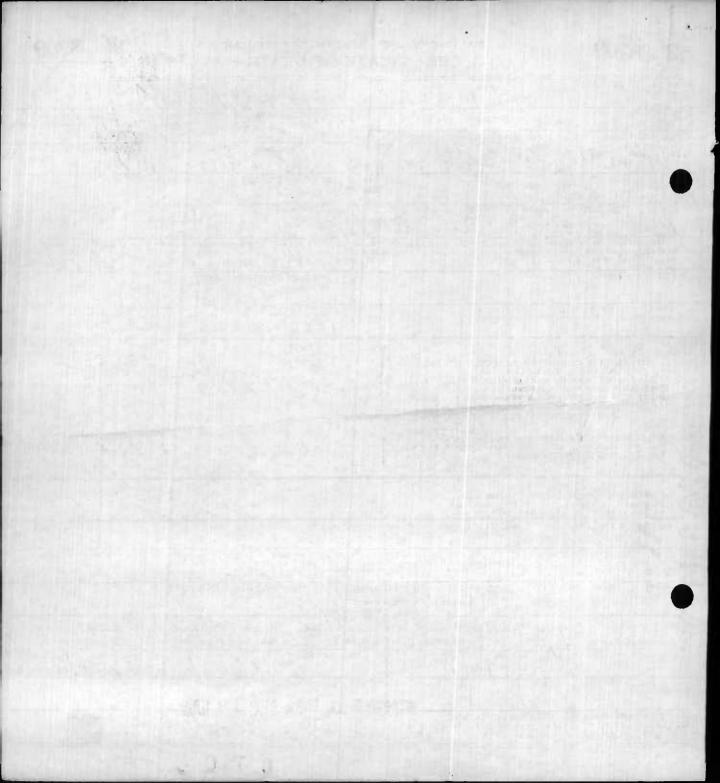
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SHERMAN SORD ON BALTIMORE CITY HEALTH DEPARTMENT

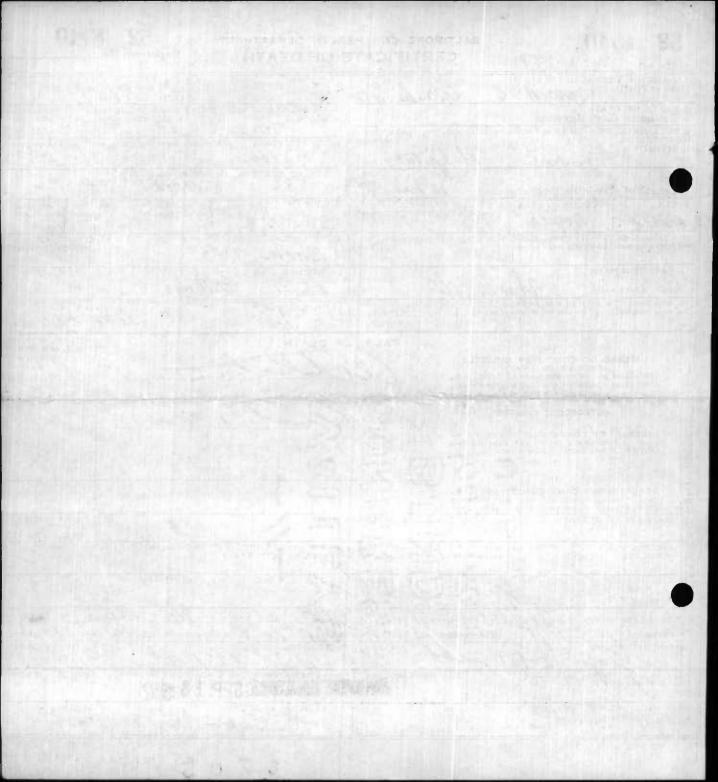
	110 01		152		CERTIFICAT	E OF DEATH	Register	ed No	
_		LIST	1 20						
(7	NAME OF D						2. DATE OF Q	00 10	
			Sherm	an			DEATH O	-22-52	
	Baltimore (		nd			4. USUAL RESIDENCE (			on : residence efore admission
		OF (If not	in hospita	or institut	tion, give street address or		D. 000/11/1		erore admission
H	OSPITAL OR	Baltim	ore C	ity Ho	spitals location)		If outside corporate 1	imits, write I	RURAL and give
"	13111011011	4940 Eas	stern	Ave.		Baltimore	2.1	(1)	township
7					Yrs.	D. STREET ADDRESS (I	f rural, give location	)	
	Length of s	tay in Balti	more		Mos. Days	4940 Easter	Ave		
5.	SEX	6. COLOR OR		7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	Months Da	f     Under 24 Hours ys   Hours   Min.
	M	60.	-		Single	7777 1875	77		
10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country) 12								12. CIT WH	IZEN OF
13. FATHER'S NAME						14. MOTHER'S MAIDEN !	NAME		
		Unable	to ob	tain		Unable to	obtain		
15	. WAS DECEAS	ED EVER IN U.	S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Ie	m, no or ook oown)	(If yes, give w	er or detea	OI service)	SECURITY NO.			ADDITECT	
CERTIFICATION	OTHER S	CAUSE OF DEATH  SE OR CONDITION DIRECTLY LEADING TO DEATH not mean the mode of dying, e.g., re, asthenia, etc. It means the disease, complication which caused death.)  ANTECEDENT CAUSES  SOR CONDITIONS, IF ANY, GIVING HE ABOVE CAUSE (A) STATING THE TING CONDITION LAST.  (B)  ULE TO  (C)				B days			
		F OPERATIO		<u> </u>	FINDINGS OF OPER	RATION		1 20	AUTOPSY?
AL			0					YE	X
MEDICAL	21A. ACCID LYING OI CAUSE OF	ENT WAS UN R CONTRIBUT DEATH	IDER-	21B. PL.	ACE OF INJURY (c. g., l farm, factory, street, office bldg.,	o or 21c. WHERE DID occ.) INJURY OCCUR?	(If in Baltimore Ci	ty, give exac	
-	F INJURY	(Month) (Day	) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?		
k	INJURY			m.	WHILE AT WORK				
	00 71 7	414 41				1052 0	20 50		
	22. I hereb	y certify the	it I atte	ended the	deceased from 2-1	7 19 54 to 0	-22-52 , 1	9, that I	I last saw th
		live on 8-22	2-72	, 19		rred at 7.15. Rm, from	the causes and o		
	23A. SIGNA	where	ساه	Na	M. D.	4940 Eastern Av	9	236.6	SATESIGNED
TI	4A. BURIAL. (S	Specify)	DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	7 1952		
	ATE RECEIVE	PAR 1	million.	SIGNATI	RE.	25. FUNERAL DIRECTOR	Win.	ADDRE	ess

PRESIDENTE Ser Street and the Total Street Street

365						
5/8 BIR	2 8709	BAL	TIMORE CITY HE	EALTH DEPARTMENT	52 Registered No.	8709
	AME OF DECEASED e or Print)	STA	PANDE	Johans	2. DATE OF DEATH ALE	16/5
A. B	LACE OF DEATH: altimore City, Marylan			A STATE	. /	itution: residence before admission)
HOS	PITAL OR (If not in	n Ci	ion, give street address or location)		putside corporate limits, wi	rite RUDAL and give
c. 1	ength of stay in Baltim	nore	Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	2-00
5. S			E. MARRIED, (ED. BIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Under last hirthday) Months	
10A. work de	USUAL OCCUPATION (Given a during most of working life, even in	rekind of 10B. KIND fretired)	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13.1	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	vi nong
15. (Yes, 1	WAS DECEASED EVER IN U.S to or unknown) (If yes, give wa	. ARMED FORCES? r or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Rends.	ADDR	RESS
1	DISEASE OR CONDI LEADING TO (This does not mean the heart failure, asthenia, etc. injury or complication w	DEATH mode of dying, e. g It means the diseas	e. (A) Cer	of DEATH Novusen	lye	INTERVAL BETWEEN ONSET AND DEATH
Z	ANTECEDENT		(B)			
RTIFICATION	DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION	SE (A) STATING TH	IG //	pertusins	heart disea	4?
CERTIF	OTHER SIGNIFICANT ( TRIBUTING TO THE DEATH TO THE DISEASE OR CON	, BUT NOT RELATE	D			
	9a. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
ED	21A. ACCIDENT WAS UND LYING OR CONTRIBUTE CAUSE OF DEATH	218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	exact location)
Σ	ID. TIME (Month) (Day) FINJURY		21E. INJURY OCCURR		OCCUR?	
	22. I hereby certify that I attended the deceased from 1952 to 1952 that I last saw the deceased alive on 1952, and that death occurred at 2:50 m., from the causes and on the date stated above.  23A. SIGNATURE 123B. ADDRESS 123C. DATE SIGNED					
	V-1	1. Mar	Mrmmy	801	1 Juren	Sc. DATE SIGNED
TION	24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL-REGISTRAR Huntington Williams M.J. Huntington Williams M.J.					
	VS 150	0	\$ 673	5500871	0 4	

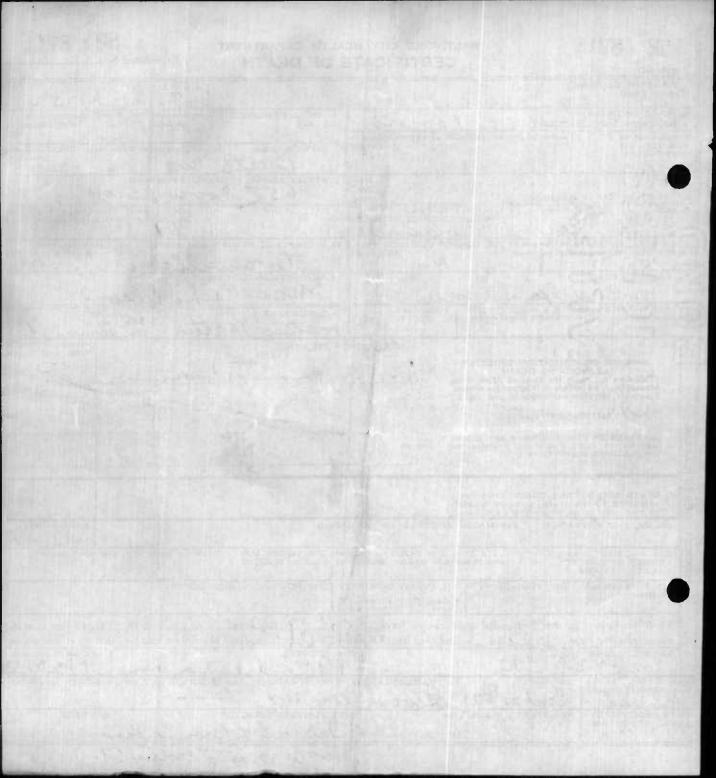


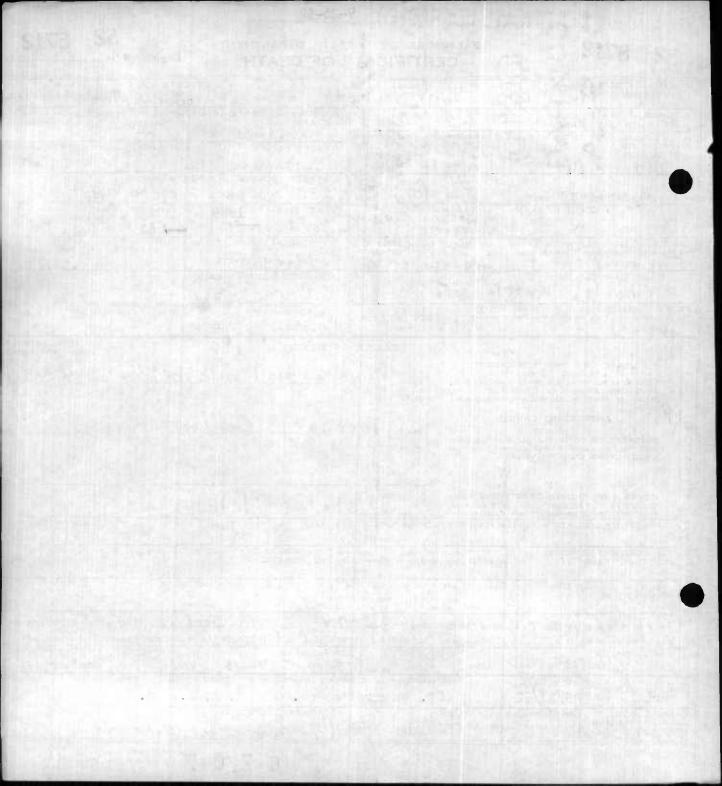
21	52				
	52 RMS BALTIMORE CITY HE	EALTH DEPARTMENT 52 8710			
	67 -11227 CERTIFICATI				
	NAME OF DECEASED				
(	Type or Print) Bennett E. Washing to	2. DATE OF DEATH 9/15/5-2			
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admiss			
В	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	md.			
	NSTITUTION .	C. CITY OR TOWN (If outside corporate limits, write RURAL and towns			
	Vrouiden' Hospilal	D. STREET ADDRESS (If pure), give location)			
	Length of stay in Baltimore 10 krs. Mos. Days	1736 n. Gulaski St.			
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   Il Under 1 Year   Il Under 24   Hours N. Months; Days   Hours N.			
	male legeo	9/15/52 16			
Wo	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT	RY		
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Benjamin Washington	Fearl Gillings			
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL security NO.	17. INFORMANT ADDRESS	-		
	SECONITI NO.	mother Same address	14		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH ONSET AND DE			
ERTIFICATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
1	(c)				
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
U	19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY	17		
NA.	0	YES NO	L		
EDICAL	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., t	n or 21c. WHERE DID (If in Baltimore City, give exact location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
	OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK				
	22. I hereby certify that Yattended the deceased from 9/15 1957 to 9/15, that I last saw the				
	deceased alive on 9/15, 19 32, and that death occur	rred at 10 4 m., from the causes and on the date stated abo	ove		
		38. ADDRESS 23c DATE SION			
-	4A, BURNA, CROMA-: 24B, DATE   24C, NAME OF CEMETE	RY OR EREMATORY 240. LØCATION (City, town, or county) (Sta			
T	4A. BUBYAL, CROMA- ON, REMOVAL (Streety)	PKINS MEDICAL SCHOOL SEP. B 8.1952	160)		
	OCAL REGISTRAR  Turtington Walliams M. H.	25. FUNERAL DIRECTOR Williams, M.P.			
	VS 150	d de la companya de l			
	1 7 5 2 0	0 0 8 7 0 5			



CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Rosa Margan	2. DATE OF DEATH SUBLITIST
a. Baltimore City, Maryland 653 Dove St	4. USUAL RESIDENCE (Where deceased lived, I institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	655 Dove Sheet
J Col WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year If Under 24 Hours Min.  Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Turner	mary (charolson
15t. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT MONTH 2118 WORLD
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  THE NOT WHILE AT WORK AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 19 1, 19 2, and that death occur 23A. SIGNATURE	m., from the causes and on the date stated above.  238. ADDRESS  230. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	ery or CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR EP 2 1 1059  Thirtington Volumes, M.P.	25. FUNERAL DIRECTOR ADDRESS Sarah L Brown Son
VS 150	108 w montg omery St

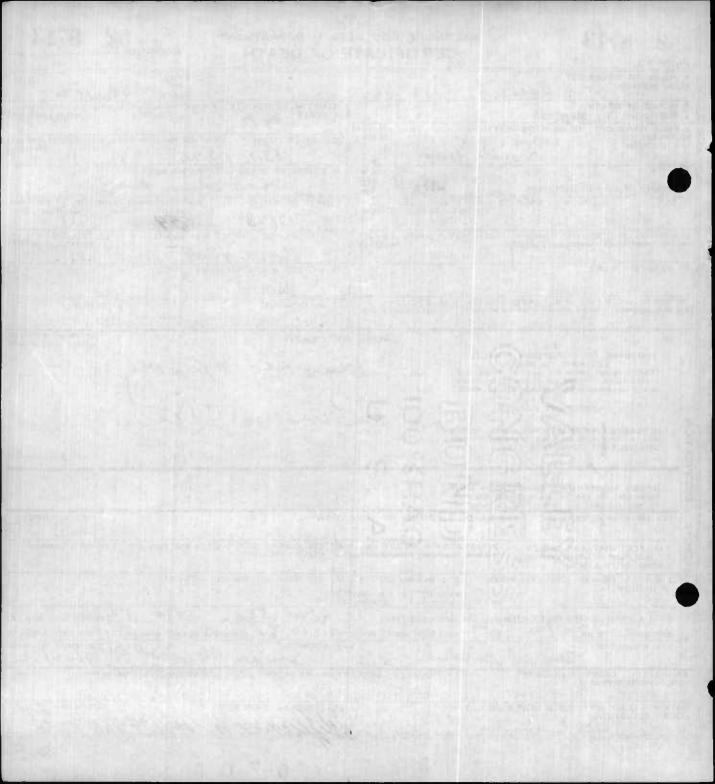




# BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	TIFICATE OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print)  REBETCA KOL	LODNER 2. DATE OF DEATH 9/20/52			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission			
e. FULL NAME OF (If not in hospital or institution, give strength of the stren	location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
ength of stay in Baltimore	Yrs. O. STREET ADDRESS (If rural, give location)  Mos. Byrs. 26 03 Ulmon Rule			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR WIDOW WIDOW	IED,   8. DATE OF BIRTH   9. AGE (In years   If Under I Year   If Under 24 Hours			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housevife Own Home  13. FATHER'S NAME	SINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  U.S. A.  14. MOTHER'S MAIDEN NAME			
Unknown	Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)  16. SOCI SECU	CURITY NO. 17. INFORMANT ADDRESS Mr. Sigmund Kolodner 2603 Ulman Avenue			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  COTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDING  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, et al. (1) See 19 PEATH	NGS OF OPERATION 20. AUTOPSY?			
OF INJURY  OF INJURY  OF INJURY  MHILE AT WORK	URY OCCURRED 21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased deceased alive on 9/20, 1952 and that 23A. SIGNATURE Way J Kille	ed from 9/22, 1952, to 9/22, 1952, that I last saw that death occurred at 1025 m., from the causes and on the date stated above 236. ADDRESS Hopitel 23c. DATE SIGNED 4/20/52			
TION, REMOVAL (Specify)	richen Circle Cemetery Feltimore, Meryland  25 FUNERAL DIRECTOR  ADDRESS ALL  ALL  ALL  ALL  ALL  ALL  ALL  AL			
vs 150	20008700			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) einstein 417718 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 10 years ength of stay in Baltimore 3021 Garrison Flyd. Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under I Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Widow Aug. 10.1885 10A. USUAL OCCUPATION (Givekindel) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Onw Home Russia Lousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Kramer Belle 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unknown) (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO

Mrs. Gertrude Faber 3021 Garrison Flvd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Dentricular fibrillation (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Arteriselevotion Heart Dis. UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198 MAJOR FINDINGS OF OPERATION Cho Celetucoses + chionic

20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY

NOT WHILE! WHILE AT m. WORK AT WORK

9 - 20 , 19 2, that I last saw the 1952 to 22. I hereby certify that I attended the deceased from. deceased alive on 9-20, 1952, and that death occurred at 8.30 Bn., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

Vancell

24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify)

Greater Baltimore Lodge | Baltimore. 9-22-52 Furisl DATE RECEIVED BY 29. FUNDRAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAN

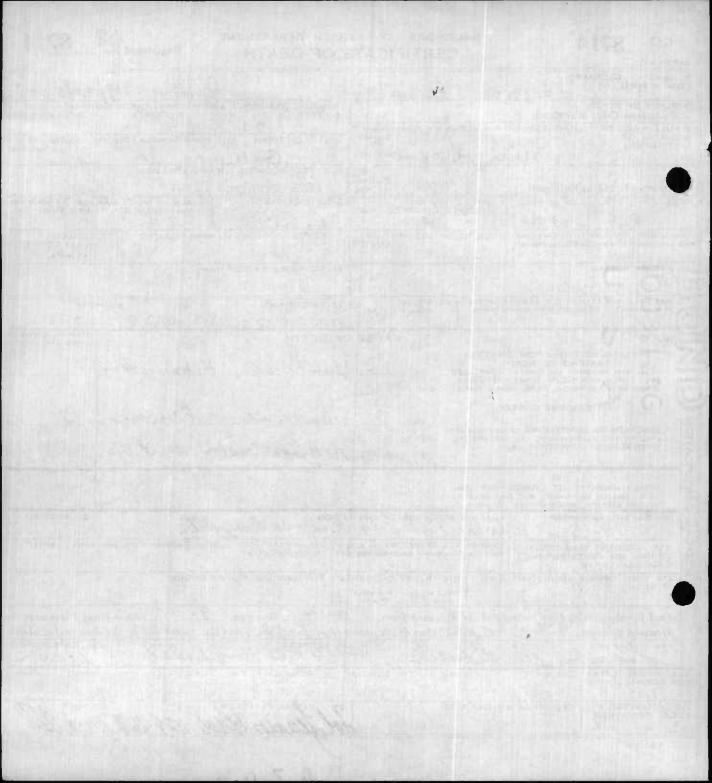
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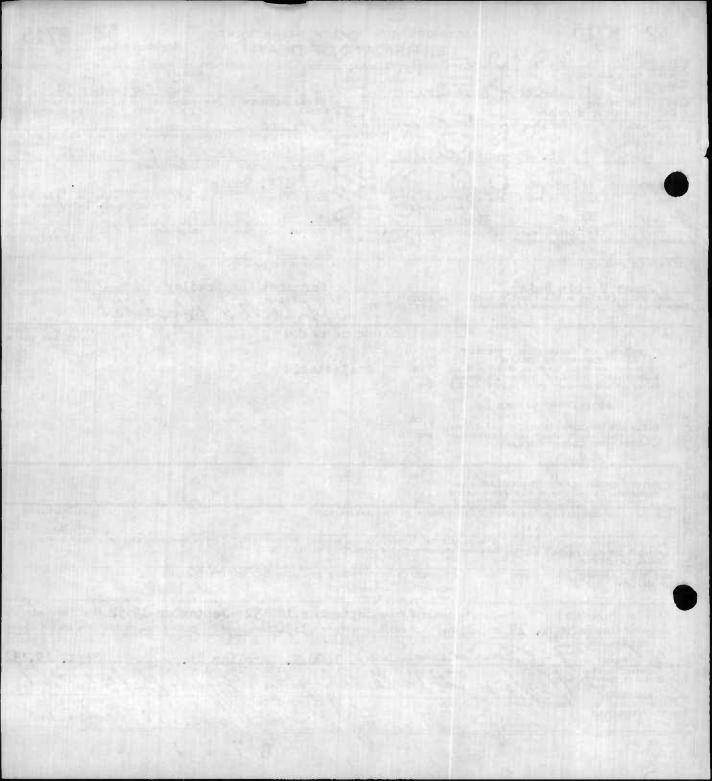


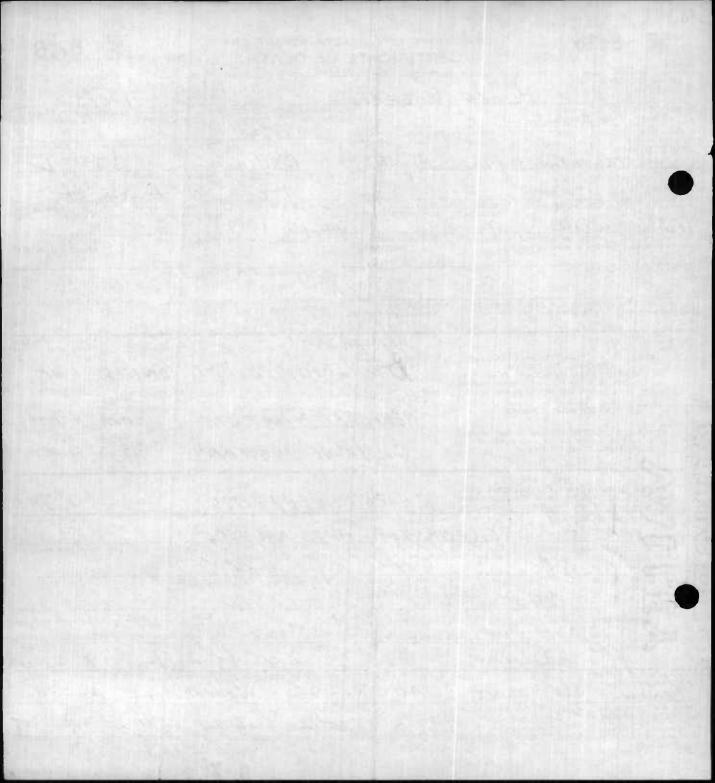
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### BALTIMORE CITY HEALTH DEPARTMENT

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ristered		O & Th'	1

BIF	RTH NO. 5	2-2185	3	CERTIFICA	TE OF DEATH	Registered	No
1. NAME OF DECEASED (Type or Print)						2. DATE OF	
	Reier, Baby Girl				4. USUAL RESIDENC	DEATH Sept  E (Where deceased lived.	Lember 19,1952 If institution: residence
A. ]	A. Baltimore City, Maryland				A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION			c. CITY OR TOWN		nits, write RURAL and give township)		
14		St. Jos	seph's	Hospital Yrs		#20 - MiddlE (If rural, give location)	MINER MA
	worth of a	tom in Doltimone		Mos	Dog TEE Do		13-54
5.	SEX	tay in Baltimore 6. COLOR OR RACE	2 days	Day E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
F	emale	White	Sing	/ED, DIVORCED (Speci	Sept. 18, 1952		Months Days Hours Min.
10/	. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
work	done during most	of working life, even if retired)	26 -	INDUST	Maryland		WHAT COUNTRY?
13.	FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	maranini
	James	Martin Reier			Margaret Ani	Bradlev	
15. (Yes.	WAS DECEASE	ED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	01/1	ADDRESS
					It to see	a Gospu	w
	18.	2,0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						
		not mean the mode of	f dying, e. i		electasis	······································	
		re, asthenia, etc. It mea complication which					
	ANTECEDENT CAUSES						2) 150 ( 190 )
z	(B)						
임	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A)	STATING TI				
Z	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************	*******	
ERTIFICATION		11					
E		II SIGNIFICANT CONDI					EST DAME NO
8		TO THE DEATH, BUT					
1 1	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OF	ERATION		20. AUTOPSY?
DICAL		7	1 01- DI	ACE OF INJURY (-	in and 210 WHERE DID	(If in Rollimore City	yes NO L
W CAUSE OF DEATH				(II in Battimore City	, give exact location)		
Σ	210. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCU	RRED 21F. HOW DID IN	JURY OCCUR?	
	OI INSORT		m.	WHILE AT NOT WH			
	22. I hereb	y certify that I at	tended the	deceased from Se	ptember 1819 52 to	September 199	52, that I last saw the
22. I hereby certify that I attended the deceased from September 1819 52 to September 19952, that I last saw to deceased alive on Sept. 19, 1952, and that death occurred at 3:30pm., from the causes and on the date stated about						the date stated above	
	23A. SIGNA	TURE	0		238. ADDRESS		23c. DATE SIGNED
	Wm		Salo		11:00 N. Carol	ine St.	Sent. 19.152
710	N REMOVAL	peoff 9/12/	12	It foresh.	Cemetry 2	Hyde Bal	to Es Mid.
	TE RECEIVE	D BY REGISTRAR	. 1_	JRE/	25. FUNERAL DIRECT	J 1407	Enden live
SEP 21 1952   Turtington Walisters, My My Mugdy inshi 1910 / Carrier 1865							
VS 150							





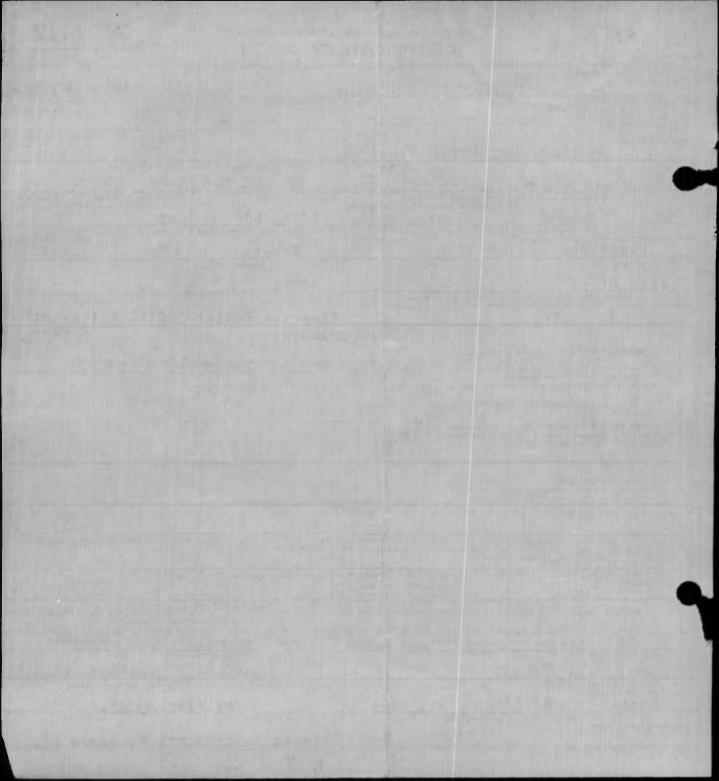
#### BALTIMORE CITY HEALTH DEPARTMENT

52 8717

	a on			CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF D	FCFASED				2. DATE	
	ype or Print)		NIEL	DIXON		0.5	ember 17, 1952
A.		EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission		
H	FULL NAME OSPITAL OR ISTITUTION	OF If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
	A)	Baltimore Ci	ty Mor		Baltimo		township
				75 Yrs. Mos.	D. STREET ADDRESS (		
5.	Length of s	tay in Baltimore	7 CINCL	Days E. MARRIED.	8. DATE OF BIRTH	ne Street	H Under 1 Year   N Under 24 Hours
	Male	Colored	WIDOW	PED, DIVORCED (Specify)	4/22/1966	last birthday)	Months Days Hours Min
1 C	A. USUAL OC	CUPATION (Give Lind of f working life, even if retired)			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	HAND	Y MAN		MOOTH.	Maryland		U.S.A.
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	
	John I	- 2 · · · · · ·			HESTER		
(Ye	. WAS DECEASE s, no or nnknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		No.			Flosence But	ler 1101W.	Fairmountt
	18. Hz.	~ 1 .		CAUSE	OF DEATH		INTERVA VEETWEE
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES				clerotic cardio	ASCOLAR GISE	ase
1FK	OTHER SIGNIFICANT CONDITIONS CON-						
ERT	TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.						
C				FINDINGS OF OPER	ATION		20. AUTOPSY?
1		0					YES NO X
EDICAL	UNDERLYING	IAL CAUSE WAS OR CONTRIB- AUSE OF DEATH.	2 1E. PLA about home,	ACE OF INJURY (e. g., ir arm, factory, street, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
M	21D. TIME ( OF INJURY	Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUI	RY OCCUR?	
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry there the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeter 23A. SIGNATURE						
	MIL	liana 1/ pour	2/-		.D. MEDICAL INVESTIGA	TOR	Sept. 17, 1952
TIG	Burial Con Removal (S	pecify)	152		RY OR CREMATORY 24b.		n. or county) (State)
D	TE RECEIVED	BY   PEGISTRAP		Mt. Zion	25. FUNERAL DIRECTOR		ADDRESS
5	FP 2 1 19	59 Huntin	aton !	Villiams MD	Charles A. R		Barre at
V	S 151	and	I to	26909	98712		4

V S 151

minimit. Private ans: please write the causes of death clearly and le-



218. PLACE OF INJURY (e. g., in or

21A, ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21p. TIME (Month) (Day) (Year) (Hour) OF INJURY

21s. INJURY OCCURRED

24C. NAME OF CEMETERY

WHILE AT NOT WHILE

WORK AT WORK

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from. 1932 deccased alive on

23A. STONATURE 248. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Gurial

DATE RECEIVED BY LOCAL REGISTRAR

nene 1952 to

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

, 19 2 that I last saw the and that death occurred at 10 3 On., from the causes and on the date stated above.

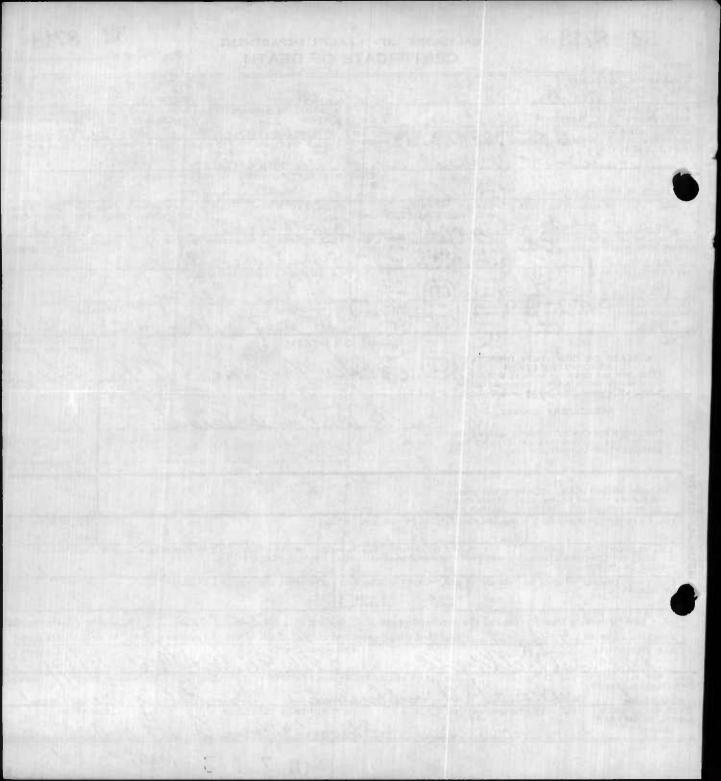
23c. DATE SIGNED

YES

(If in Baltimore City, give exact location)

25. FUNERAL DIRECTOR ADDRESS

VS 150



# PIETRO CATANEO

52 8749

52 8/13 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)  Pietre A. Catanee	2. DATE OF DEATH Sept.18 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland 353 S. Cornwall St.  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
HOSPITAL OR location	Baltimore 26-05 township)
c. Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location) 353 S. Cormwall St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married).	8. DATE OF BIRTH  9. AGE (In years It Under 1 Year Months Days Hours Min.  1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ship Lineanan  Solf	11. BIRTHPLACE (State or foreign country)  Feggia  Ttaly  12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME  Michael Catanoo	14. MOTHER'S MAIDEN NAME Agnes Castellucci
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Anna Catanee 353 S.Cernwall St.
	OF DEATH  Thursis Caulis - Varular disease

11

ERTIF

Ü

MEDICAL

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE WHILE AT AT WORK WORK

22. I hereby certify that I attended the deceased from deceased alive on 9/18 19 5 and that death Sceurred at\_ 23B. ADDRESS

23A. SIGNATURE 24A. BURIAL GREMA-TION, REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

24b. LOCATION (City, town, or county) 4430 Belair Rd. Balt.Md.

F.m., from the causes and on the date stated above.

Sept. 22 1952 Hely Redeemer Cemetery

(If in Baltimore City, give exact location)

DATE RECEIVED BY LOCAL REGISTRAF

REGISTRAR'S SIGNATURE untruglow

DIRECTOR

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

195 that I last saw the

20. AUTOPSY?

23c. DATE SIGNED

Burial

	1.44			Service Co.	arge Eli	
		healthing	. 12 II.	Coarse		
		TEMPTOR THE				
	31 19	et la seres et al seres e			12.60	
		fact signi		10-1	# mad	
		ar Jalestan denna			eerstat foor	
		estat comet de alma				
	,					

# SAINTEROSS BALTIMORE CITY HEALTH DEPARTMENT

52 8720

BI	TH NO.			CERTIFICAT	E OF DEATH	-1	Registered	No.
1.	NAME OF D	ECEASED Richard	Sainte	ress			OATE OF EATH Sept	19 1952
B. HC	PLACE OF D Baltimore ( FULL NAME DSPITAL OR STITUTION	City, Maryland 23	2 S. C	enkling St. ion, give street address or location)	A. STATE  Maryland  C. CITY OR TOWN	NCE (Where o	leceased lived. I B. COUNTY	if institution; residence before admission) its, write RURAL and give township
				Yrs.	D. STREET ADDRE	SS (If rural,	give location)	0
		tay in Baltimore	L	ife Mos.	232 S. Cor	akling St		
5.	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. A	GE (In years ast birthday)	If Under I Year If Under 24 Hours fonths; Days Hours: Min.
	Male	White		Single	May 16 1936		6	4 3
work	done during most	CUPATION (Givekind of of working life, even If retired)	IOB. KINE	O OF BUSINESS OR INDUSTRY	Baltimere	tate or foreign	country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME		
	Emil	Sainteress			Anna Genti	14		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	.10		ADDRESS
(10	, bo or directorily	(11 Joz, Bito war of dage	s of service)	SECURITY NO.				
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which ANTECEDENT CAUS S OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT COND G TO THE DEATH, BUT	TH of dying, e. uns the disease caused deatl SES F ANY, GIVII STATING T STATING T	(a) Phuse see, (b) Due to (c)	of DEATH imitie Gla te Rheuma	uf N	Island Eren	INTERVAL BETWEEN ONSET AND DEATH
O		OF OPERATION 1		FINDINGS OF OPER	RATION			20. AUTOPSY?
SAL		0						YES NO
MEDICAL	10. TIME INJURY  22. I hereb deccased a		(Hour) m.	and that death occur	ED 21F. HOW DID  LINE 24, 1952  rred at 1 H. m.,	injury occ , to lefter from the car	eur?  19, 19suses and on	give exact location)  Let that I last saw the the date stated above
	23A, SIGNA	John John	Costa	ntine, M.D.	238. ADDRESS 0	Aling 1	Heet	9-20-52
TIC	Durial ATE RECEIVED TO THE PROPERTY OF THE PRO	Sept 2	: t	24c. NAME OF CEMETE	3. FUNERAL DIRE	German	Hill Rd.	
	VS 150	HIS EN	9 5	2000				

TOTAL TOTAL SECULTIVE - FEE LOOK particular and The same all the control of the cont # 1 Family place - Strangerts at the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATHSEP (Type or Print) MAHAARE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL HIMORE Yrs. p. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore AGE (in years of Under | Year of Under 24 Hours last birthday) Months: Days Hours Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVARCED (Specify) married OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? oure wile THER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT OHNS HOPKINS HOSPITAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 581.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES Curhai DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS DICA 218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 8-25-, 1952, to\_ , 195 2that I last saw the 1952, and that death occurred at 753Pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Buria.

LOCAL REGISTRAR

Sept 22, 1952 Holy Rosary

REGISTRAR'S SIGNATURE

untrugton

8 7

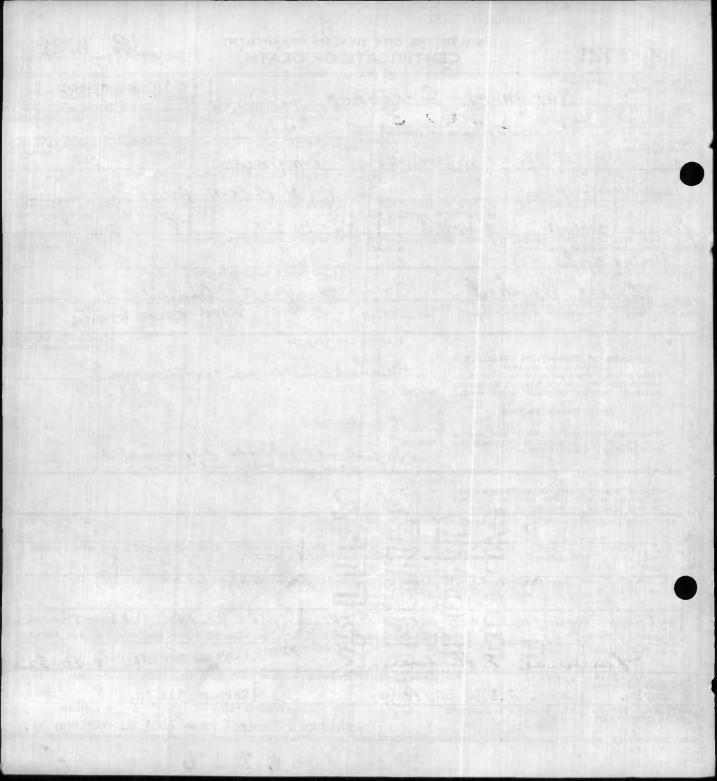
24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

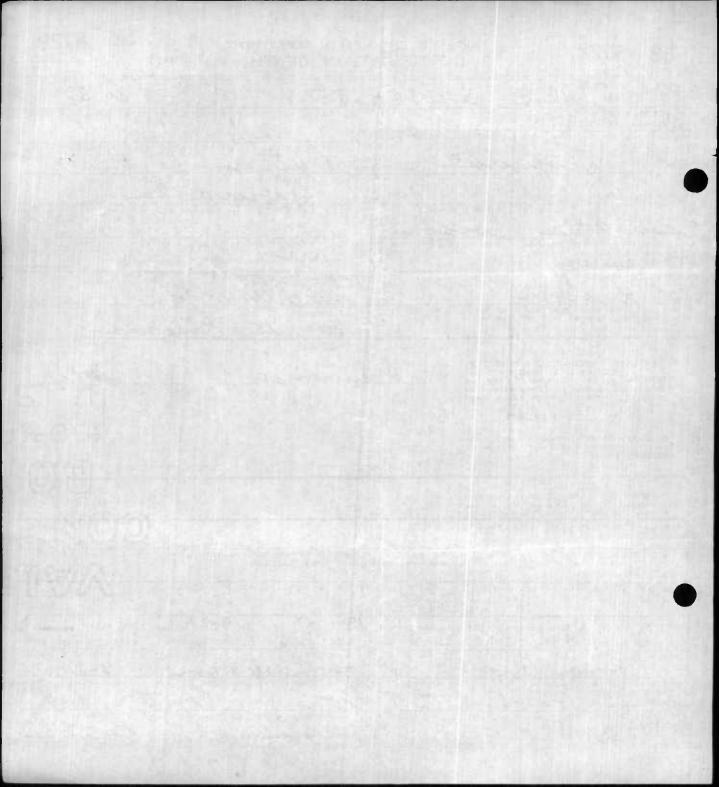
ADDRESS

German Hill Rd.

Schimunek Funeral Home 2601 E. Madison St.



16	2								
ВІ	52 RTH NO.	872	3	ВА		HEALTH DEPARTMENT	Registered		8722
	NAME OF ype or Print		ROSE		SAPPER	STEIN	2. DATE OF DEATH	-21-3	55
	PLACE OF Baltimore		,			4. USUAL RESIDENCE	Where deceased lived. B. COUNTY		on: residence pefore admission)
HO	FULL NAM	R	If not in hospits	l or institu	tion, give street address locatio		If outside corporate lin	nits, write l	RURAL and give
IN	STITUTION	d	evu	da	ee	Battun	ore.	27-	/ fownship)
					Yrs Moo	- 1 .	f rural, give location)		
	Length of		Baltimore OR OR RACE	7, SINGL	E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Yes	or   If Under 24 Hours
te	male	10	lute	WIDO	WED, DIVORCED (Speci	(4)	last hirthday)	Months Da	ys Hours Min.
10 worl	done during me	OCCUPATION OF WORKING	ON (Give kind of life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTI	11. BIFFHPLACE (State or	foreigy country)		IZEN OF
13	FATHER'S	-	The !			14. MOTHER'S MATDEN I	NAME		-
1	rot-	Kuo	rou	_		not know	vu		V
(Ye	s, no or naknov	ASED EVER	IN U.S. ARMED s, give war or dates	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	40000	ADDRESS	3
	18. //	93.			CAUSE	OF DEATH	, accord		ERVAL BETWEEN
			CONDITION		1			DNS	ET AND DEATH
	(This d	oes not me	NG TO DEAT an the mode of mia, etc. It mean	dying, e.	g., (A) M	eumorna		20	Lays
	injury	or complic	ation which ca	aused deat	h.) DUE TO				
7		ANTEC	EDENT CAUS	ES	(B)				
ERTIFICATION	RISE TO	THE ABD	ONDITIONS, IF	STATING T	NG				*****************************
CA.	UNDER	LYING C	ONDITION LA	5Т.	(C)				***********************
TIFI			- 11						
	TRIBUTI	NG TD THE	CANT CONDITION  E DEATH, BUT I	NOT RELAT	FD			23	
C		OF OPER			R FINDINGS OF OP				O. AUTOPSY?
EDICAL	21A ACC	IDENT W	AS UNDER-	1 218 PI	ACE OF INJURY (e. g	r. in or   21c. WHERE DID	(If in Baltimore City	YE give exa	
MED	LYING		RIBUTING		, farm, factory, street, office bld		(11 11 2410111111111111111111111111111111	, , , , , , , , , , , , , , , , , , , ,	
r	10. TIME		(Day) (Year)	(Hour)	21E. INJURY OCCUP	ACTUAL CONTRACTOR OF THE PARTY	RY OCCUR?		
h		12.11.20		m.		к	2 2 /	<u></u>	
		eby certi	A 7 (		e deceased from 15, and that death occ	1 30	$\frac{1-2}{1}$ , 19		I last saw the
	23A. SIGN		1	, 15	and that death occ	238, ADDRESS	1		DATE SIGNED
2	4A BURIAL	CREMA	24 DATE	lage	M. D.	TENY DR CREMATORY 240.	LOCATION (City, tov	9.	2/-52 tvl. (State)
	REMOVAL		9-22	52	Mitt.	floor 240.	Dato	-	Ma
B		VED BY	REGISTRAR'S	SSIGNAT	URE.	25. FUNERAL DIRECTOR		ADDR	ESS P
	SEP 22	1952	Hunti	ugton	Wallacus, M;	Jack Lews !	X 21000	Secto	ie Il



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8723 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION unage, Yrs. o. STREET ADDRESS (If rural, give location) Mos and Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) 8. DATE OF BIRTH last birthday | Months Days Hours Min. WIDOWED, DIVORCED (Specify) narries 10A. USUAL OCCUPATION (Give kind of 11. BURTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work fone during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Masica KO 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ua ream 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 443 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO cardial drine ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 9/19 , that I last saw the deceased alive on 9/11 m., from the causes and on the date stated above. \_\_ 19 \_\_ and that death occurred at\_\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIENED 16h. Homa 2042 12 M. D. 244 BURIAL, CREMA-TION REMOVAL (Specify) 24b. LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR uninglow VILLALUA-VS 150

Los matorials

25. FUNERAL DIRECTOR

Wilrich Funeral Home 2008 Orleans St.

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

the

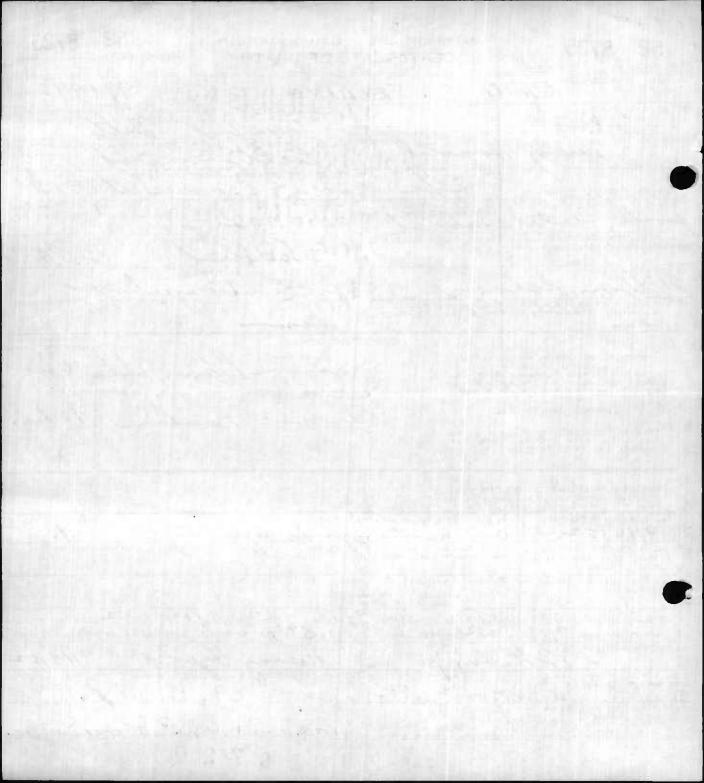
write

Physicians: please

especially important.

452		
06. 8/60	E OF DEATH Registered No.	25
1. NAME OF DECEASED EDNA C. FELA	LING   2. DATE   9/19/	52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived if institution: re A. STATE B. COUNTY before	sidence admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Therefore the street address or HOSPITAL OR INSTITUTION		L and give township)
c. Length of stay in Baltimore  Yrs.  Mos.  Days	2134 C. Faderal St. #1	3
5. SEX 6. COLOR OR RACE 7. SINGLE: MARRIED. WIDOWED, DIVORCES (Specify)	8. DATE OF BIRTH 9. AGE (In years   If Under ) Year	Under 24 Hours ours Min.
IOA. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN WHAT C	OF OUNTRY?
William Schanne	Cathura Mayerluger	
15. WAS DECEASED EVER IN U, S. ARMED FORCES! 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	assive Pulmany Entskie 16. udise Failure 16	between ND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPER  21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, form, factory, street, office bldg.,  CAUSE OF DEATH		No 🗌
TINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 9/19, 1952, and that death occu	trred at \$40,1952, to 9/19, 1952, that I las arred at \$40,000, from the causes and on the date state 236. APPRESS	ed above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. DCATION (City, town, or county)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  WILLINGTON  M.T.	25. FUNERAL DIRECTOR ADDRESS Leo S. La ork 1701-03 V. Patterson Ca	of Chres

VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

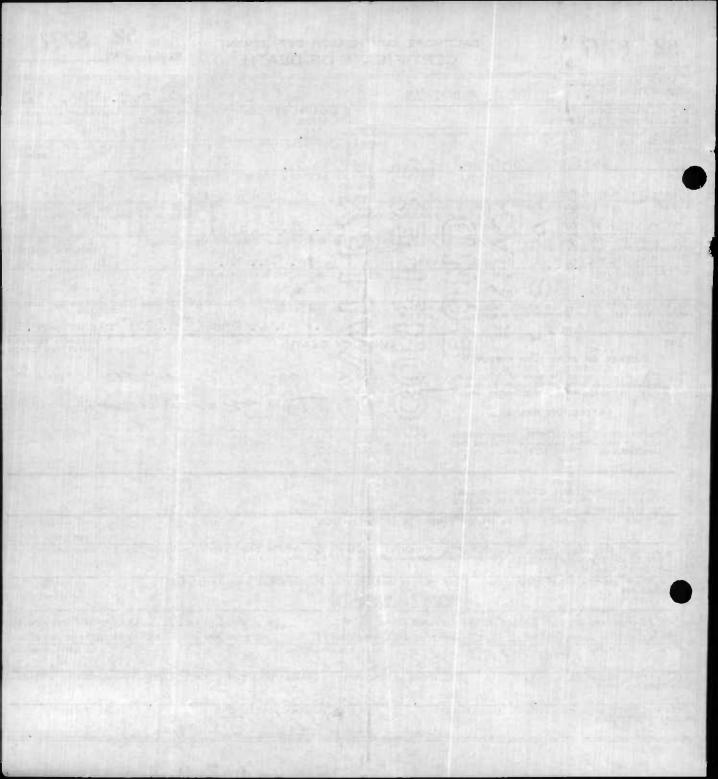
BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	
1. NAME OF DECEASED	0 01		2. DATE	
(Type or Print) Secrete &. Se	hultr		DEATH Sent	184 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (\ A. STATE	Where deceased live. If ins B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	1	Md		
INSTITUTION OF THE DO	SX.	C. CITY OR TOWN (II	outside corporate limits,	write RURAL and give township)
13 20 n morge	Yrs.	D. STREET ADDRESS (III	rural give location)	
c. Length of stay in Baltimore	Mos. Days	159091915	PLOIF	8-16
5. SEX   6. COLOR OR RACE   7. SHEELE	MARRIED, 8	DATE OF BIRTH		der I Year   It Under 24 Hours
male White ma	ED, DIVORCED (Specify)	nay 18th 1404	4 % Mont	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	OF BUSINESS OR 1	1. BIRTHPLACE (State or f	oreign country)   12	2. CITIZEN OF WHAT COUNTRY?
Guard Western El	uric	md		WHAT COUNTRY
13. FATHER'S NAME	ACPARATUS (A)	4. MOTHER'S MAIDEN N	AME	
John Schultz	<u></u>	Vora Le	Compt	
(Yes, no or unknown) (If yes, give war or dates of betvice)	16. SOCIAL 1 SECURITY NO.	7. INFORMANT	1 - 00 APE	PRESS DA
	I I	May Schul	Uz.152076.7	INTERVAL BETWEEN
18. /98. / I DISEASE OR CONDITION DIRECTLY	CAUSE OF	FDEATH	1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.	Car	Cerroma Of-	lun	
heart failure, asthenia, etc. It means the disease injury or complication which caused death.			A	***************************************
ANTECEDENT CAUSES	0	4001		
	(B) Jane	resul M	Lakerasis	7
DISEASES OR CONDITIONS, IF ANY, GIVING				
UNDERLYING CONDITION LAST.	(C)	***************************************	. *	••••
ū.				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT				
	FINDINGS OF OPERAT	a aland		YES NO
21a. ACCIDENT WAS UNDER.   21B. PLA	OF INJURY (e.g., in or	21c. WHERE DID (	If in Baltimore City, giv	
LYING OR CONTRIBUTING about home, fa	rm, factory, street, office bldg., etc.	NINJURY OCCUR?		
	1E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	HILE AT NOT WHILE WORK			2
22. I hereby certify that I attended the c	21	1, 19 8 2 to	1/17 ,195	that I last saw the
deceased alive on 1952, a			he causes and on the	date stated above.
23/ SIGNATURE		ADDRESS HAM	10 7	23c. PATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE 2	4c. NAME OF CEMETERY	OF CREMATORY   240 L	OCATION (City, town, or	county) (State)
TION REMOVAL (Speyfy)	12 11 h - 1	1 4		5 1
DATE RECEIVED BY   REGISTRAR'S SIGNATUL	RE 12	5. FUNERAL DIRECTOR	leariere	DDRESS
LOCAL REGISTRAR	Milliam , 4	0 - 80 - 8	1701-03 n. 12 1	trans P. I
VS 150	5/1	SCO NI SCOTO	0 1	ave
	1 9/5 33	940 0 8 7	4.	

Wrkornstein

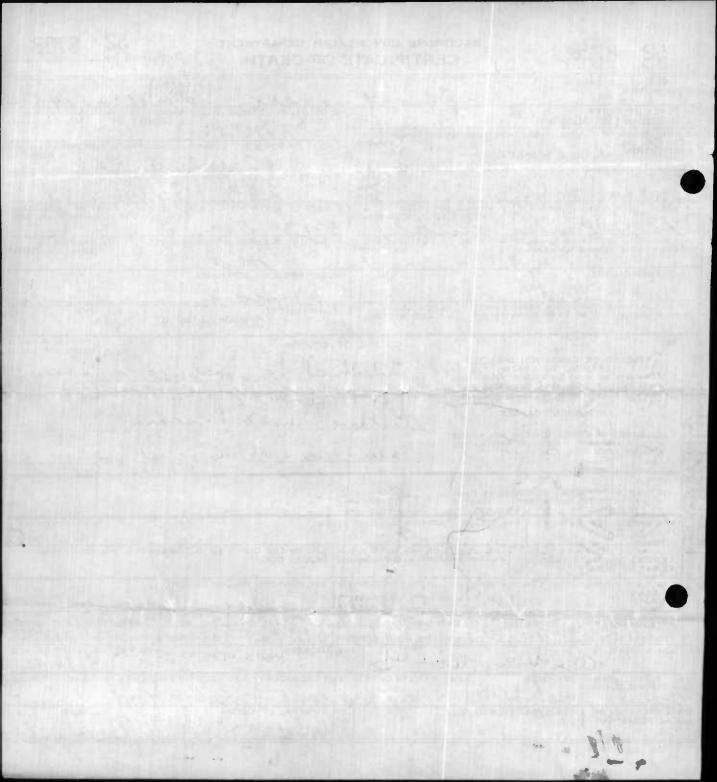
### BALTIMORE CITY HEALTH DEPARTMENT

52 8727 Registered No.

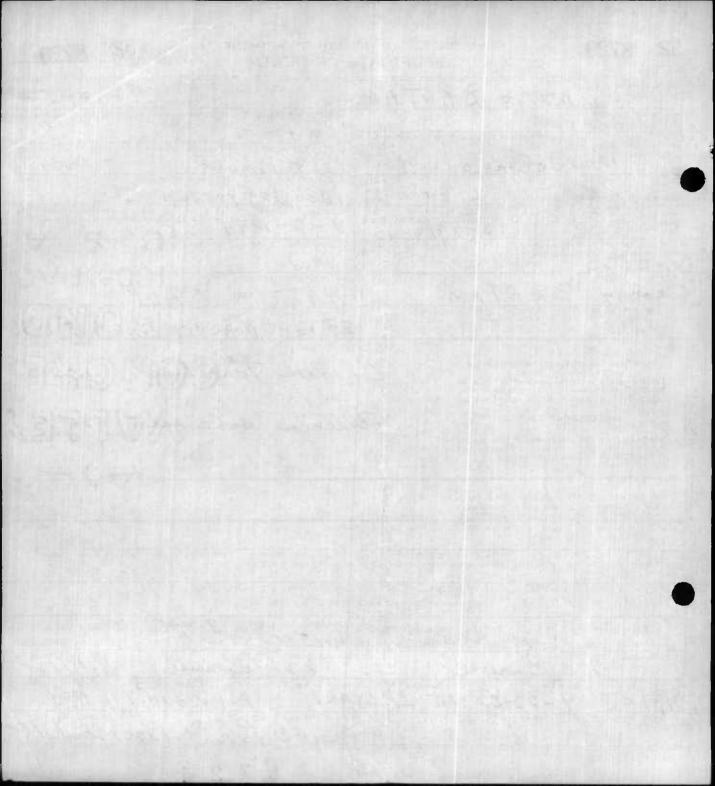
В	IRTH NO.			CLICITI ICATI	L OF BEATH			
	NAME OF Daype or Print)				2. DATE			
			C. KO	PPELMAN		DEATH Sept.		
	Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. If in	stitution : residence before admission)	
В.	FULL NAME		al or institut	ion, give street address or	Md.		DOZOLO WALLIODIOLIY	
	HOSPITAL OR location) INSTITUTION				c. CITY OR TOWN	If outside corporate limits,		
	- 11	5009 Frankfo	rd Ave.		Balto.		township)	
	12-C			Yrs.	D. STREET ADDRESS (	If rural, give location)	_	
C.	Length of s	stay in Baltimore		Mos. Days	5009 Frankfor	d Ave. 2	6-02	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.				E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   HU	ider I Year   If Under 24 Hours	
1	male	white	widow	VED, DIVORCED (Specify)	Aug. 21, 1875	77	hs Days Hours Min.	
10	A. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)   1	2, CITIZEN OF	
		of working life, even if retired) omm. Merchant	Own 1	INDUSTRY Dusiness	Balto. Co., Md		WHAT COUNTRY?	
	FATHER'S		01111	740211000	14. MOTHER'S MAIDEN	NAME	OOM	
	.To	hn H. Koppelm	an		Unknown			
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	I 16. SOCIAL				
(Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		DRESS	
-	no			none	Mr. Geo. C. Ko	ppelman,4203 Ar		
	(This does	SE OR CONDITION LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mea	TH f dving, e. s	(A) CE	OF DEATH	armboris	INTERVAL BETWEEN ONSET AND DEATH	
	injury or complication which caused death.) DUE TO							
		ANTECEDENT CAUS	ES	le	vous - 10	our win		
RTIFICATION		S OR CONDITIONS, I			***************************************	• • • • • • • • • • • • • • • • • • • •		
E	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO				
Ü				(C)	***************************************		***	
EI.		П						
- E		SIGNIFICANT CONDS						
CE	TO THE D	DISEASE OR CONDITION	CAUSING I	T				
L	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
A							YES NO	
MEDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., it farm, factory, street, office bldg.,	21c. WHERE DID NO.) INJURY OCCUR?	(If in Baltimore City, giv	re exact location)	
	F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?		
			m.	WHILE AT NOT WHILE				
1	22. I hereb	y certify that I att	ended the	deceased from	and 19390	9/18 1957	that I last saw the	
		live on		and that death occur	/ /	the causes and on the		
	23A. SIGNA	TURE 9/18	515-1		38. ADDRESS	1 1 670	23C. DATE SIGNED	
		Myle.	W.	Folley. D.	5/03 Han	bed of	9/19/52	
71	4A. BURIAL. ON, REMOVAL (S	CREMA- 248. DATE		24C. NAME OF CEMETE		LOCATION (City, town, of	(State)	
	ourial ATE RECEIVE	Sept.22		Balto/ Cemeter		alto., Md.	ADDRESS	
L	DCAL REGIST	TRAR	tor.	Minute Mg.	25 FUNERAL DIRECTOR	wel Home 7/107	Belair Rd.	
-	VS 150					11111402	A STATE OF THE STA	



) Ir	-2-60				,	7 10 10 1	
	52	8728	B/		EALTH DEPARTMENTE OF DEATH	T Sa Registered N	- 1 ( hard )
1	BIRTH NO.	50-0	7061	CERTIFICAT	L OI DEATH		
	(Type or Pr		a	thoug	Dacre-	2. DATE OF DEATH	20,1952
		re City, Mar		PH 3 W	A. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence before admission)
	B. FULL NA HOSPITAL INSTITUTION	00		ution, give street address or location)		(If outside corporate limits	
	4	JOHN:	S HOPKINS HO		120	eltimor	a Sownship)
	Length	of stay in Ba	ltimore	Yrs. Mos.	D. STREET ADDRÉSS (	If rural, give location)	1 at
	5. SEX	6. COLOR	OR RACE 7. SING	Days LE, MARRIED.	8. DATE OF BIRTH		Under 1 Year   Il Under 24 Hours ths; Days   Hours: Min.
	Ma	le Wh	ile C	WED DIVORCED (Specify)	2-13- 50	2	7 Days Hours Min.
	10A. USUAI	OCCUPATION most of working life,	(Give kind of 10B. KII even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY
	13 FATHER	R'S NAME	0		14. MOTHER'S MAIDEN	NAME	
	15 WAS DE	eph	Nac	رو	Woun	~	
	(Yes, no or uok	oown) (If yes, giv	U. S. ARMED FORCES? ve war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT JOHN	S HOPKINS HOSP	DRESS
	18. 4	02.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING	NDITION DIRECTL	7 7 6	that how.	who are	2 days
Ш	heart	failure, asthenia	the mode of dying, etc. It means the disc on which caused dea	ase,	-25 (1.05 6	- unge	
	621		ENT CAUSES	JET L	TELE-SIWES	0	
	Z DISE	ASES OR CONE	DITIONS, IF ANY, GIV	ING (B) Lette	re-sures 1	W. J. G.	
I	RISE	TO THE ABOVE O	CAUSE (A) STATING DITION LAST.	THE DUE TO	levia a this	woodstew	CP .
	A DIHE		11				
	M TRIBU	TING TO THE D	II NT CONDITIONS C EATH, BUT NOT RELA	TED =			
	0	TE OF OPERAT	TON 198. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY7
	Z Z	SCIDENZ WAS	UNDER LOSS	LACE OF INJURY (	in and 21c. WHIERE DUE	(If in Baltimore City, g	YES NO
	A LYING	OF DEATH		LACE OF INJURY (e. g., ie, farm, factory, street, office bldg.,		(11 in Baitimore City, g	exact location)
	21p. TII		Day) (Year) (Hour) m.	WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I h		that I attended th	ie deecased from 9 -	14., 1952, to	9-20-,195	that I last saw the
	deceas	ed alive on 7		and that death occu		the causes and on th	e date stated above
		GNATURE 8	elman.	Lesselle !	238. ADDRESS JOHNS H	OPKINS HOSPITAL	9/10/52
	24A. BURI	AL Specify)	18. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) / (State)
	DATE REC		SISTRAR'S SIGNA	TURE TURE	25. FUNERAL DIRECTOR	3 9125	ADDRESS HAD
	LOCAL RE	GISTRAR 1	butington /	Minus M.	WENDELL JO	PPEL NEARL	and are
	Vs 1	50 V:	3	and the first	0087	230	
		200		the first that the first the			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION CRSO N Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore PTJON 200, Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) ,N9 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OMESTIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. 208 H. et. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... RT OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 2Ic. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 4 march , 152, to 19 Sept , 19 57 that I last saw the deceased alive on 1954, and that death occurred at 30 m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS DATE/SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY MT.C BURIAL DATE RECEIVED BY 22-52 ADDRESS REGISTRAR'S-SIGNATURE/ . 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



	Medical Examiners Cage	OPIGO
7	BALTIMORE CITY HEALTH DEPARTMENT Registered No.	8730
	1. NAME OF DECEASED (Type or Print) Plensant Burnell (BURWELL DEATH DEAT	19,1952
	B. FULL NAME OF (If not in hospital or institution, give street address or	stitution : residence before admission)
	HOSPITAL OR INSTITUTION (If outside corporate limits, v	write RURAL and give township)
	Yrs. D. STREET ADDRESS (If rural, give location)  C. Length of stay in Baltimore  One of the stay in Baltimore  One of the stay in Baltimore	7-04
and	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)   100	der I Year   If Under 24 Hours hs Days Hours Min.
rearly	To USUAL CONTROL OF THE PROPERTY OF THE PROPER	2. CITIZEN OF WHAT COUNTRY?
dearn c	13 FATHER'S NAME Shipped 14. MOTHER'S MAIDEN NAME	
IO	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If you, give war or dates of service) SECURITY NO. 2/3-09-42/3 IOHNS HOPKINS HOSPITAL	PRESS
causes	18. 443 X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET ANO DEATH
te the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	cape.
-	injury or complication which caused death.) DUE TO Condition that all scene	
e write	ANTECEDENT CAUSES	
please	Z (B)	
please	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
please	Z (B)	٠ ٧٠٠
Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OBERATION	20. AU OPSY7
Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OESTATE, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF ONERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.)  1NJURY OCCUR?	YES NO
y important. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO
ally important. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OSEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg, etc.)  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg, etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 1952, to 9-19, 1952, and that death occurred at 15 pm., from the causes and on the	e exact location)  that I last saw the
is especially important. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OMERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Solut bome, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Solut bome, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Solut bome, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Solut bome, farm, factory, street, office bidg., etc.)  21B. HALE AT NOT WHILE AT NOT WHILE AT WORK AT	that I last saw the date stated above.
age is especially important. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF ONERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF ONERATION  21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or Living) OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give) Injury OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK AT WORK  22L. I hereby certify that I attended the deceased from 1 19.72, to 9-19, 19.52, deceased alive on 9-19, 19.52, and that death occurred at 1 19.72, from the causes and on the 23A. SIGNATURE  23B. ADDRESS ON CONTRIBUTION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL) (Specify) 9-23-52  BALL NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or BANDOWL	that I last saw the date stated above.  33c. DATE SIGNED  (-20-52)  county) (State)
please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF ONERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout bome, farm, factory, street, office bldg., etc.) [INJURY OCCUR? CAUSE OF DEATH  21O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from 1 - 19, 1952, to 9 - 19, 1952, and that death occurred at 1 mm, from the causes and on the 23A. SIGNATURE  24A. BURILA CREMA- 24B. DATE 24C. NAME OF CEMETER OR CREMATORY 24O. LOCATION (City, town, or REMOVALISPECT)  BURILA CREMA- 24B. DATE 24C. NAME OF CEMETER OR CREMATORY 24O. LOCATION (City, town, or REMOVALISPECT)	that I last saw the date stated above.

NOT A MEDICAL EXAMINER'S CASE

White M.D.

CHIEF OR ASS'T, MEDICAL EXAMINER

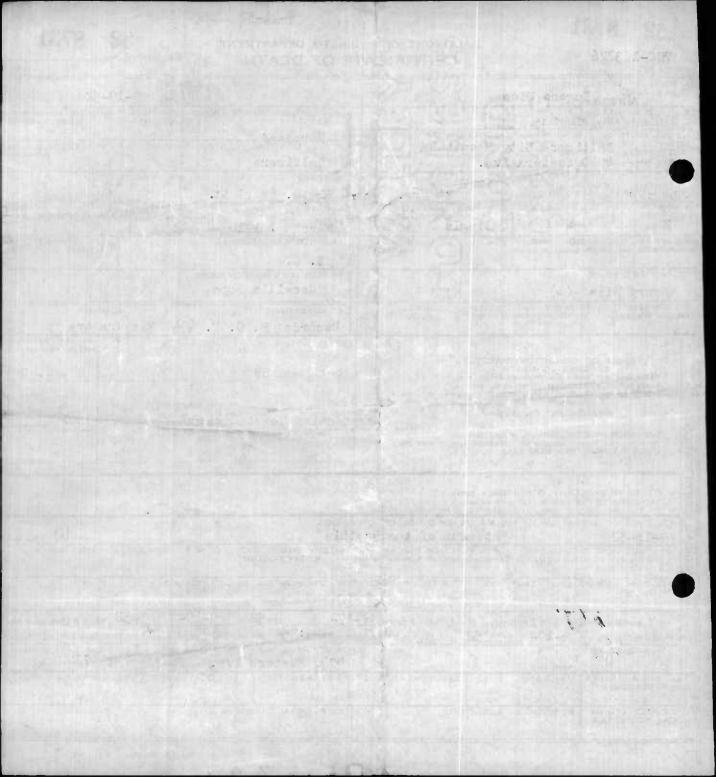
-252 8731

## CERTIFICATE CORRECTED

and 10/2/52

52 8731

BI	YMC-163 RTH NO.			TIMORE CITY HE	ALTH DEPARTMEN E OF DEATH	Registered N	No		
1.	NAME OF D	ECEASED nes Eugene Wis	•			2. DATE OF DEATH 9-1	9-52		
	PLACE OF D				4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission				
		OF (If not in hospit: Baltimore Cit 4940 Eastern	y Hospi	on, give street address or location)	c. City or town  Baltimore	(If outside corporate limit	s, write RURAL and give township		
		7770 28500111	AVG.	Yrs.	D. STREET ADDRESS (If rural, give location)				
c.	Length of s	tay in Baltimore		24 yrs. Mos. Days	516 N. Pearl	St.	17-01		
	SEX M	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH  March 1 1910	9. AGE (In years) 1 last birthday) Mo	f Under 1 Year   II Under 24 Hours on the Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	Henry W				14. MOTHER'S MAIDEN				
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEE (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.		DDRESS		
ERTIFICATION	DISEASE RISE TO T UNDERLY  OTHER S TRIBUTING	isease	4 months						
IL C	19A. DATE 0	20. AUTOPSY?							
EDICAL	21A. ACCIE LYING O CAUSE OF 21D. TIME OF INJURY	PENT WAS UNDER- R CONTRIBUTING  DEATH  (Month) (Day) (Year)  The certify that I att  live on 9-19-	218. PLA about home, f  (Hour)  m.  dended the 19_52.	arm, factory, street, office bldg., e  2 1E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK  deceased from 9-1 and that death occur  M. D.	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY  22f. HOW DID INJURY  22f. HOW DID INJURY  23f. HOW DID INJURY  23f. HOW DID INJURY  24f. HOW DID INJURY	9-19-, 1952 n the causes and on t	that I last saw the date stated above 23c. DATE SIGNED 9/20/52		
TI	AA. BURIAL.	specify 9/23/	52	24C. NAME OF CEMETE	RY OR CREMATORY 240	atesburg	or county) (State)		
	ATE RECEIVE OCAL REGIST			RE.	a. Subste	ad-918. A	huid)		
	VS 150		ŧ	5 2 0	0 0 7 0	Hill	ave.		



un causes of death clearly and legibly.

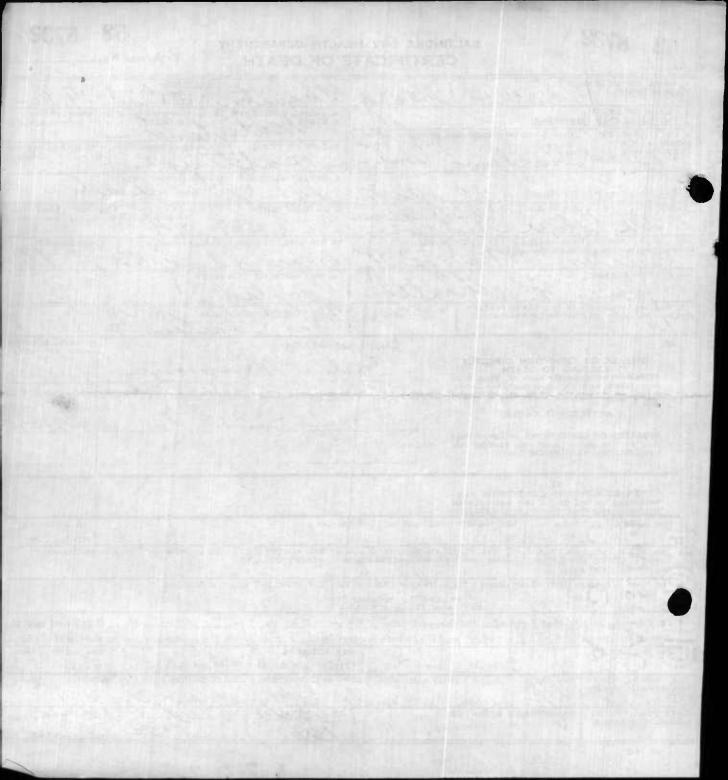
C	2	8	1	3	2

52 8732 BALTIMORE CITY HEALTH DEPARTMENT			
CERTIFICATE OF DEATH  Registered No			
-		DATE //	
(T	(Type or Print)	OF LEAT. 19.1952	
	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where of	deceased ligd. If institution : residence	
	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or		
H	LIOCHTAL OD	e corporate limits, write RURAL and give	
14	841 Hallem Une. Baltin	core 17-03 township)	
N.		give location)	
-	E. Length of stay in Baltimore 40 years 841	second and.	
1		GE (In years If Under I Year If Under 24 Hours Min.	
1 C	10A. USUAL OCCUPATION (Givekind of work done finding most of mortal gife, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign INDUSTRY)	country) 12. CITIZEN OF WHAT COUNTRY?	
	Duller Put. family Drownsku	19. 14 M. S.C.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
	James F. Shaully Coroline	11 2	
15 (Y,6	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15 UNFORMAN CALLES	Shappetsky	
103 Starley and			
	18. 33/X CAUSE OF DEATH	INTERVAL BETWEEN DNSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Coschael Hemonh	2.28	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	9-18-52	
	injury or complication which caused death.) DUE TD		
	ANTECEDENT CAUSES  (B) Hypertension	0 3 5	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	7-2-02	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC	(0)		
TRIBUTING TO THE DEATH, BUT NOT RELATED			
		20. AUTOPSY?	
AL	- none	YES ND	
EDIC	218. PLACE OF INJURY (e. g., m or 21c. WHERE DID (II II II LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR?	Baltimere City, give exact location)	
2 1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY		UR7	
OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from 9-2-52, 19, to 9-19-52, 19, that I last saw th			
deceased alive on 94 18, 1952, and that death occurred at 8:35 P. m., from the causes and on the date state			
	23A. SIGNATURE /// 0/ 0 23B. ADDRESS	23c. DATE SIGNED	
	M.D. 1131 Harlem ave		
2. Ti	24a. BURINL, CREMA- 24B DATE 24C. NAME DECEMETERY DR CREMATORY 24D. LOCAT	1170	

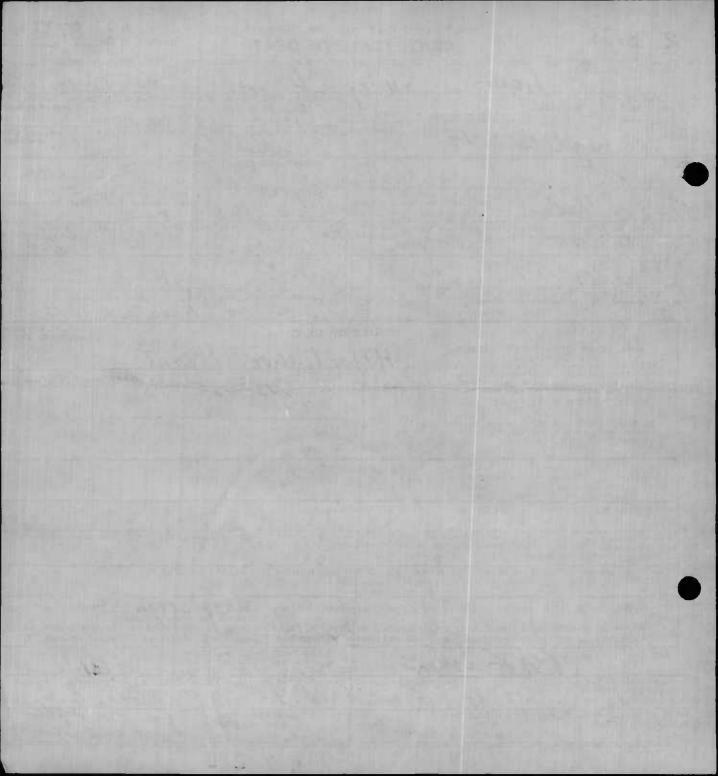
VS 150

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAN'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) Louise DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF of not in hospital or institution/give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give C. CITY INSTUDITION township) ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days SINGLE, MARRIED. AGE (In years | f Under | Year | ff Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE OF BIRTH carrier 10A. USUAL OCCUPATION (Give kind of work deneduring most of working life, oven if retired) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly INDUSTRY WHAT COUNTR anull EATHER'S NAME S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. causes INTERVAL BETWEEN 18. 442 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pertensive Heart the LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE ATT NOT WHILE especially WORK 22. I certify that I took charge of the remains described above, held an \_ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 20 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER. age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 245. LOCATION (City, town, or county) DATE RECEIVED BY NERAL DIRECTOR LOCAL REGISTRAR V S 151



BIRTH NO

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 9. AGE (In years) If Under 1 Year 5. SEX 8. DATE OF BIRTH last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY + cuseur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, nofor unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 1/9/ J , 19\_\_\_, that I last saw the deceased alive on. and that death occurred at IIIm., from the eauses and on the date stated above. 19 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) TION REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

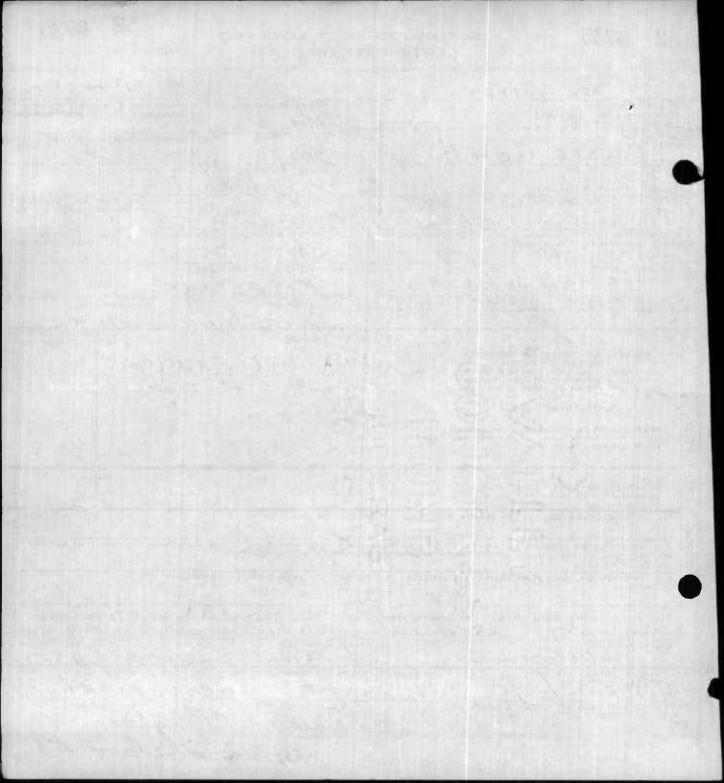
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

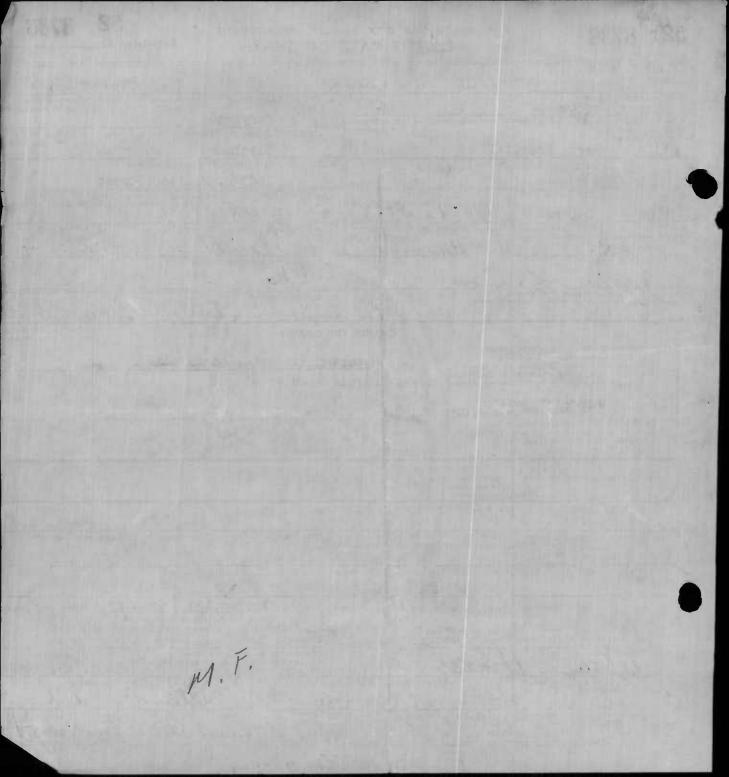
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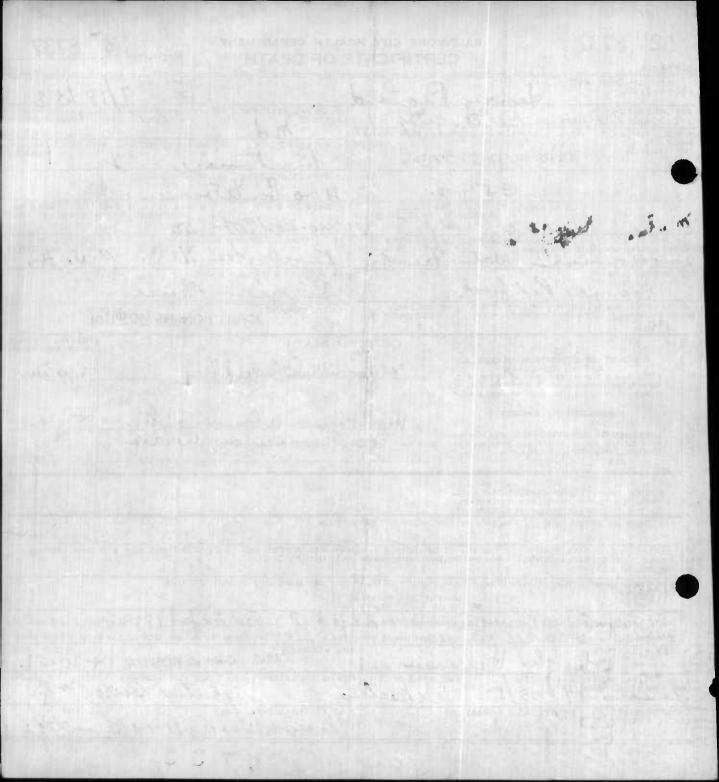
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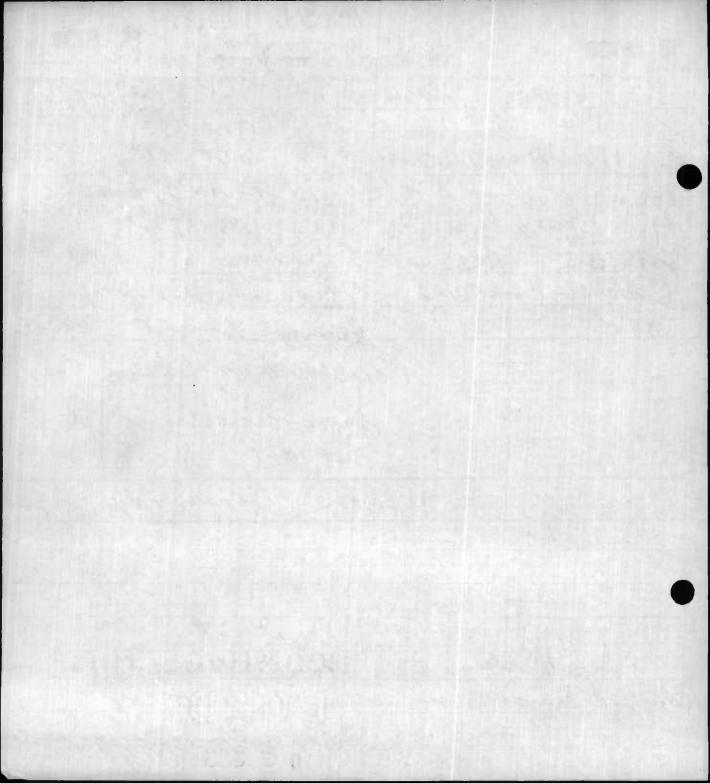
2. DATE 1. NAME OF DECEASED SEPT. 22 -52 (Type or Print) OF MARYENJONES DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) GEN ALTO D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Undet 1 Year 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | f Under | Year | ff Under 24 Hours | last birthday) | Months: Days | Hours | Min. 22,/8 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF work done during most of working life, even if retired)

HOUSEWIFE INDUSTRY WHAT COUNTRY? MALTO, 17d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMES SullIVAN ATHERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 170X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY UREMIA METASTATIC Corei-LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED lil TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Sept. 2-1 Levi. 22, 1952, that I last saw the , 19\_C3 to\_ deceased alive on > 19 5 and that death occurred at 12: 20 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Will Gours 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24p. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE Ulivet URIAL 25 EUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR witinglow 6009 Harfo VS 150

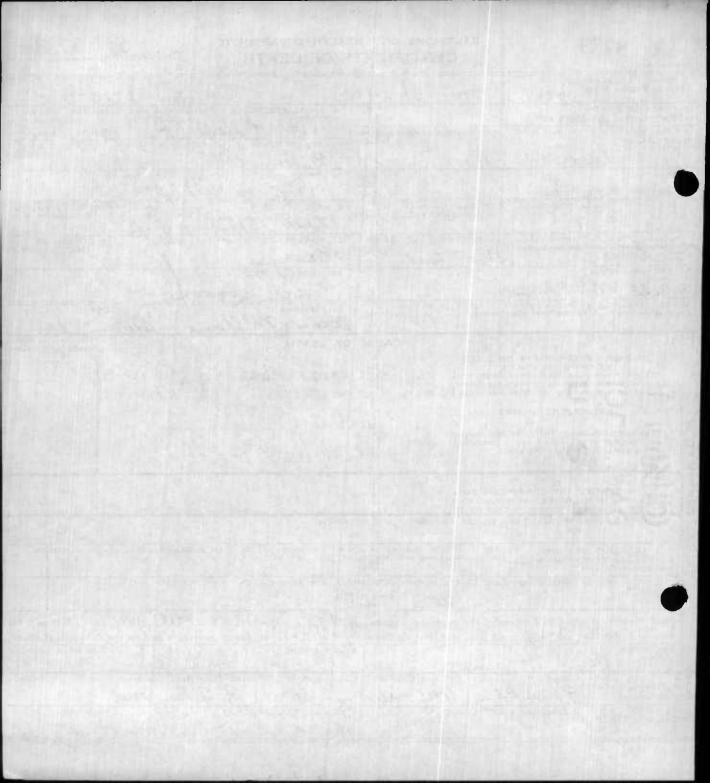








2	-43						
В	52 8°	739			EALTH DEPARTMENT E OF DEATH	Registered No.	8739
1.	NAME OF D	Robert	me	Cloud		2. DATE OF DEATH 9-1	9-52
	PLACE OF DI Baltimore C				4. USUAL RESIDENCE (W		titution : residence before admission)
В.	FULL NAME		tal or institution.	give street address or location)	1140 Russe	elet m	anyland
	STITUTION	University	Hosp	ital	Balleman (If	outside corporate limits, w	township
4	1	1	1	Yrs. Mos.	D. STREET ADDRESS (If r		
5.	Length of st	tay in Baltimore	7. SINGLE	Days	8. DATE OF BIRTH	9. AGE (In years) If Und	GF 1 Year   If Linder 24 Hours
	M	C	WIDOWED	DIVORCED (Specify)	12/24/1895	last birthday) Month	as Days Hours Min.
Wor	don during most o	CUPATION (Give kind of working life, even if retired	Dye 79	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF WHAT COUNTRY
13	FATHER'S N				14. MOTHER'S MAIDEN NA		
	Sill 1	m' clou			mae Woo	den	
(Ye	s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or dat	ED FORCES?	6. SOCIAL SECURITY NO.	Frank m'Clo	ed Bevan	RESS
	18. /5	7 x and	260 X	CAUSE	OF DEATH		INTERVAL BETWEEN
		É OR CONDITION LEADING TO DEA	TH	Cara		1 Panasas	7
	heart failu	not mean the mode re, asthenia, etc. It me complication which	ans the disease.		metastasis t	of lancrea	
		ANTECEDENT CAU				. 0 /// ( )	
Z O		OR CONDITIONS,			betes		
ERTIFICATION	UNDERLY	TING CONDITION L	STATING THE AST.	C) ala	oholic ex	cess	
FIC	1000			(6)	· · · · · · · · · · · · · · · · · · ·		
RT		II IGNIFICANT COND TO THE DEATH, BUT					
S	TO THE DI	SEASE OR CONDITIO	N CAUSING IT.	INDINGS OF OPER	ATION		20. AUTOPSY?
AL	ISA. DATE O	2	ISB, MASON FI	INDINGS OF OFER	ATION		YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., in , factory, street, office bldg., o	n or 21c. WHERE DID (If	in Baltimore City, give	exact location)
2	210. TIME (	Montb) (Day) (Year		. INJURY OCCURR		OCCUR?	
h				DRK NOT WHILE			
		y certify that I at ive on 9-19		J. T.	1-18, 1953 to 9		hat I last saw the
	deceased al	100 010	, 19_ <b></b> , and		red at 7:45 Am., from th		date stated above
		N.J. H	eimer	м. р.	Usin H	vajaital	9-19-52
TI	REMOVAL (S)	Pecify) 9/22	152 2	nt Calva		a. Co., Md	county) (State)
D.	ATE RECEIVED	PAR	'S SIGNATURE	11'11	5. FUNERAL DIRECTOR		DDRESS
	SEP 271	952	inglon 1	Villiamos M.	J. L. Slow s.	Sa morte	omery St
	VS 150		U	971	CC	0	
			1 6	1 (1/10)	8734	THE SECTION	

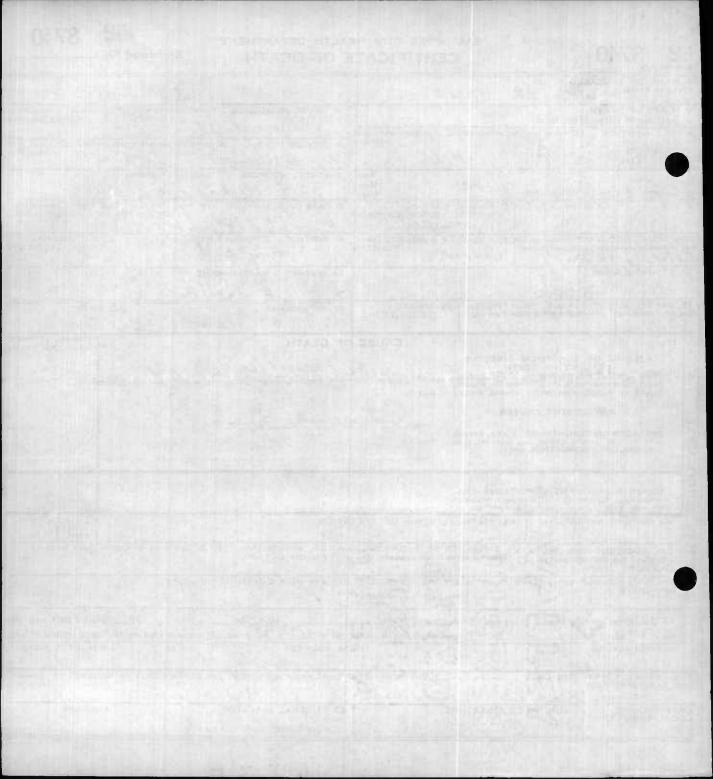


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

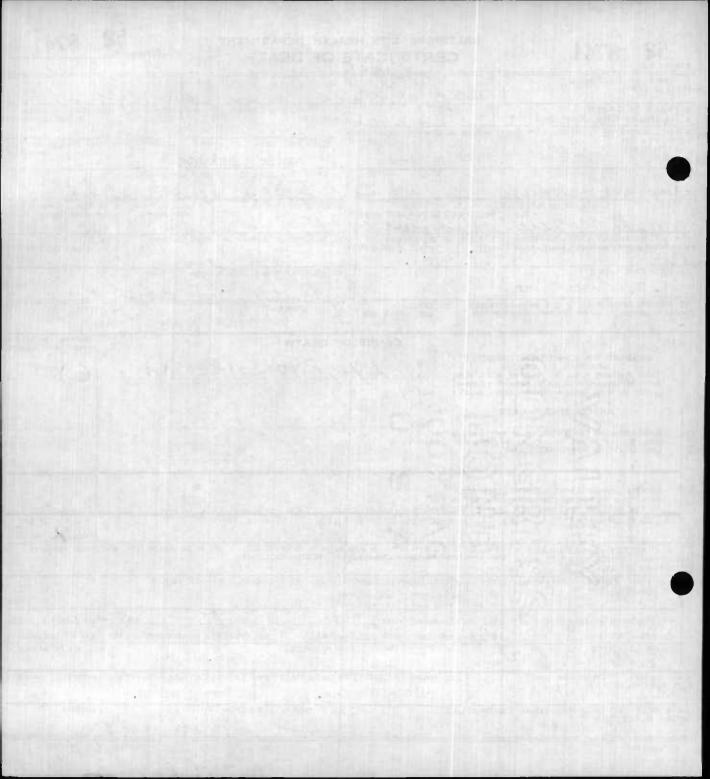
52 8740

Registered No.

-							
	AME OF D	WALTER	HAI	NES		2. DATE OF DEATH	9-18-52
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or					marylan		
HOSPITAL OR location) INSTITUTION UNIVERSITY HOSPITAL					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	4.1			Yrs.	D. STREET ADDRESS (If rural, give location)		
c. L	ength of s	tay in Baltimore	Life	Mos. Days	3615 Hickory Ave #11		
5. SI		6. COLOR OR RACE	7. SINGLE	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	It Under 1 Year   If Under 24 Hours
1	4	W	m	PED, DIVORCED (Specify)	Dec 26-1889	last birthday)	Months Days Hours Min.
10A.	USUAL OC	CUPATION (Give kind of of working life, even if retired)	-	OF BUSINESS OR	11. BIRTHPLACE (State or fo	7	12. CITIZEN OF WHAT COUNTRY?
MAG	INE Ir	ON MOU	JOUN	ary	marylan	a	
13. F	ATHER'S N	IAME		7	14. MOTHER'S MAIDEN NA	ME	
1	John	HANES			Sarah E Joo	lland	
15. V	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(100, 11	no	(11 yes, sive war or date)	# Of #61 1166)	SECURITY NO.	E. Emma Iva	nes 36,	15 Hickory aux
14	8. 4L	/3 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY			. ,	CHSEL AND DEATH
	(This does not mean the mode of dying, e.g., (A) Cerebral Vascular accordent						2 hrs.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
z	ANTECEDENT CAUSES  (B) Puleus claude hyperagine C-V. D.					Q.	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
4	UNDERLYING CONDITION LAST.						
는 -	(6)						
E	OTHER S	II IGNIFICANT CONDI	TIONS CON				
CERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D			
		the second secon		FINDINGS OF OPER			20. AUTOPSY?
A L							YES NO X
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						, give exact location)
E	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
7°	OF INJURY  WHILE AT NOT WHILE  MORK AT WORK						
2							that I last saw the
	deceased alive on 9-19, 19 52, and that death occurred at 455 Pm., from the causes and on the date states						
2	23A. SIGNATURE 23B. ADDRESS 23B.						239 DATE SIGNED
Sonald H. Wortel M.D. Unwersely Hoperel 7-19-32							
TION.	REMOVAL (S	pecify)	3-52	A orraine	RY OF CREMATORY 240. LC	petimore	yn, or county) (State)
	E RECEIVE		S SIGNATU		25. FUNERAL DIRECTOR	A	ADDRESS
LOCAL REGISTRAR Huntington Williams, M.F. Tranh It Serly						ech	
-	VS 150						
	VS 150	6		5 (6/	28	,	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE
B. COUNTY before admissi A. Baltimore City, Maryland before admission) Md. MONTGOMERY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Glen Echo Heights D. STREET ADDRESS (If rural, give location) Vro Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, MORCED (Specify) 8. DATE OF BIRTH AGE (10 years | # Under 1 Year | # Under 24 Hours last birthday) Months; Days Hours; Min. 16A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Dept. work done during most of working life, even if retired) Labor INDUSTRY WHAT COUNTRY? Clerk Gov't 13. FATHER'S NAME 14. MOTHER'S Rev. E. Cookman Baker 15. WAS DECEASED EVER IN-U, S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN 200.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY YMPHO SARCOMA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY NOT WHILE . 1952that I last saw the 22. I hereby certify that I attended the deceased from . 19 Sto\_ 7-20-, 1952, and that death occurred at 200 m., from the causes and on the date stated above. deceased alive on\_ 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL enter 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) Druid Ridge Cem. Pikesville, Md. Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

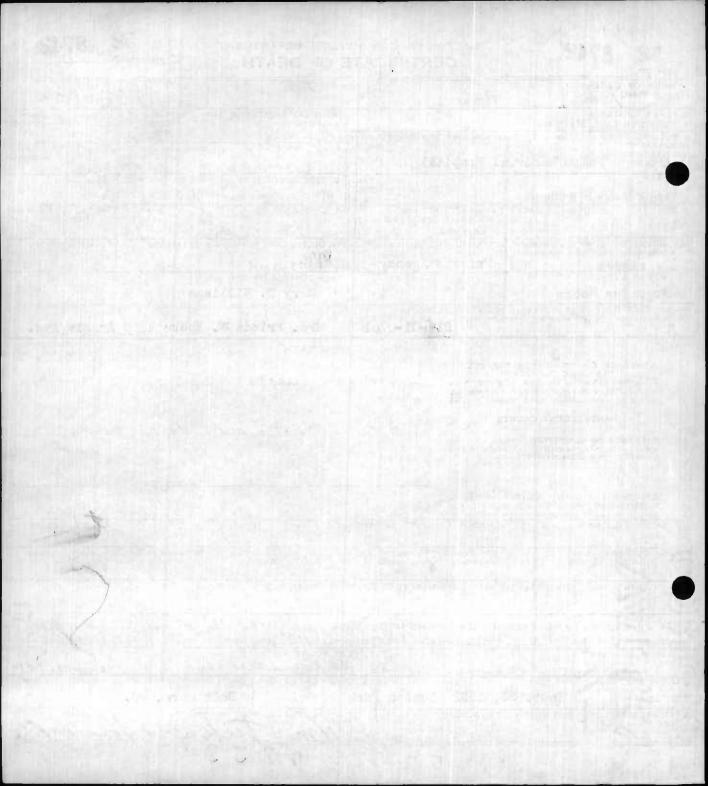


600 52 8742 BALTIMORE CITY HEALTH DEPARTMENT 8742 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Arthur Lee Moore 2. DATE OF 19 Sept, 1952 S. PLACE OF D A. Baltimore C B. FULL NAME HOSPITAL OR INSTITUTION c. Length of s 5. SEX Male 10A. USUAL OC work done during most o Detecti 13. FATHER'S N Augustu 15. WAS DECEASE (Yes, no or nuknown) No 18. DISEAS (This does heart failu injury or

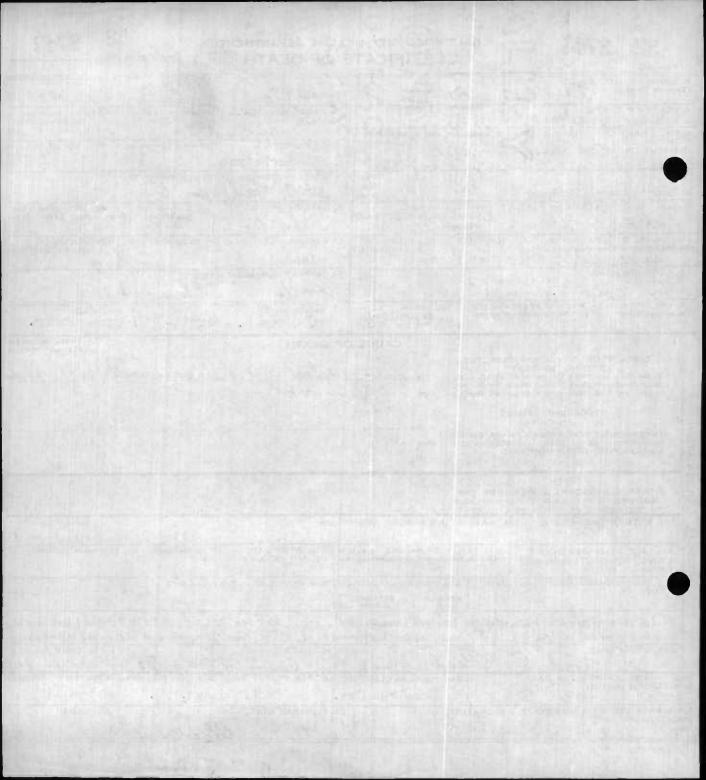
A. Baltimore City, Maryland		tion : residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Union Memorial Hospital	Maryland  C. CITY'OR TOWN (If outside corporate limits, write  Baltimore 27-0		
Yrs.	D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore  Mos. Days	4800 Arabia Are		
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years)   Under 1 Ye		
Male White Married (Specify)	3-14-1885 last birthday) Months D		
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR FOR A done during most of working life, even if retired)	W	HAT COUNTRY?	
Detective Private Agency	Maryland	SA.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Augustus Moore	Mary E. Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or publication) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
(Yes, no or puknown) (If yes, give war or dates of service) 219-01-0751	Mrs. Frieda W. Moore 4800 Arabia Ave.		
1.0		TERVAL BETWEEN	
70.0	OF DEATH	NSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ha ha		
heart failure, asthenia, etc. It means the disease.	ac arrest in	10mentury	
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
	oscleratic heart disease 5	Tyears	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CON-			
		7	
TO THE DISEASE OR CONDITION CAUSING IT.		1 years.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		7 years.	
19a. Date of operation   19b. Major Findings of oper.	Y	YES NO	
	or   21C. WHERE DID (If in Baltimore City, give ex	YES NO	
19a. Date of OPERATION   19b. MAJOR FINDINGS OF OPER.	or   21C. WHERE DID (If in Baltimore City, give ex	YES NO	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT, SUICIDE, Shout home, farm, factory, street, office bldg., et al. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	o or 21c. WHERE DID (If in Baltimore City, give exa	YES NO	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	o or 21c. WHERE DID (If in Baltimore City, give exa	YES NO	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., elements of the street	o or 21c. WHERE DID (If in Baltimore City, give exact) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?	YES NO act location)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER.  21a. ACCIDENT, SUICIDE, Sbout home, farm, factory, street, office bidg., etc. bout ho	or 21c. WHERE DID (If in Baltimore City, give exact) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?	act location)  t I last saw the	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., el about hom	or 21c. WHERE DID (If in Baltimore City, give exact) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  1949, to 19 Sept , 1952, that red at 11 pm., from the causes and on the dat.	act location)  t I last saw the estated above.	
19a. Date of operation 19b. Major findings of operation 21a. Accident, Suicide, Homicide (Specify) 21b. Place of injury (e.g., in about home, farm, factory, street, office bidg., etc. of injury 0ccurre while at work 22a. I hereby certify that I attended the deceased from deceased alive on 19 Sept. 1952, and that death occur 23a. Signature 22a.	or 21c. WHERE DID (If in Baltimore City, give exact) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  1949, to 19 Sept , 1952, that red at 11 pm., from the causes and on the dat. 38. ADDRESS   23c.	act location)  t I last saw the estated above. DATE SIGNED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT, SUICIDE, Booth home, farm, factory, street, office bldg., elements of the street of the	or 21c. WHERE DID (If in Baltimore City, give exact) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  1949, to 19 Sept , 1952, that red at 11 pm., from the causes and on the date 338. ADDRESS 22 Cathedral St. 19-	act location)  t I last saw the estated above. DATE SIGNED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT, SUICIDE, Booth home, farm, factory, street, office bldg., elements of the street of the	21c. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. 1949, to 19 Sept , 1952, that red at 11 pm., from the causes and on the data as a september of the causes are a september of the ca	act location)  t I last saw the estated above. DATE SIGNED	
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19a. Date of operation 19b. Major findings of operation 21a. Accident, Suicide, Homicide (Specify) 21b. Place of injury (e.g., in about home, farm, factory, street, office bidg., etc. of injury occurred while at work 22b. Thereby certify that I attended the deceased from 22a. Signature 22a. Signature 22b. Date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Specify) 3c. date 24c. Name of Cemeter 10b. Removal (Spe	21c. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?	act location)  t I last saw the te stated above. DATE SIGNED  LOCATE (State)	

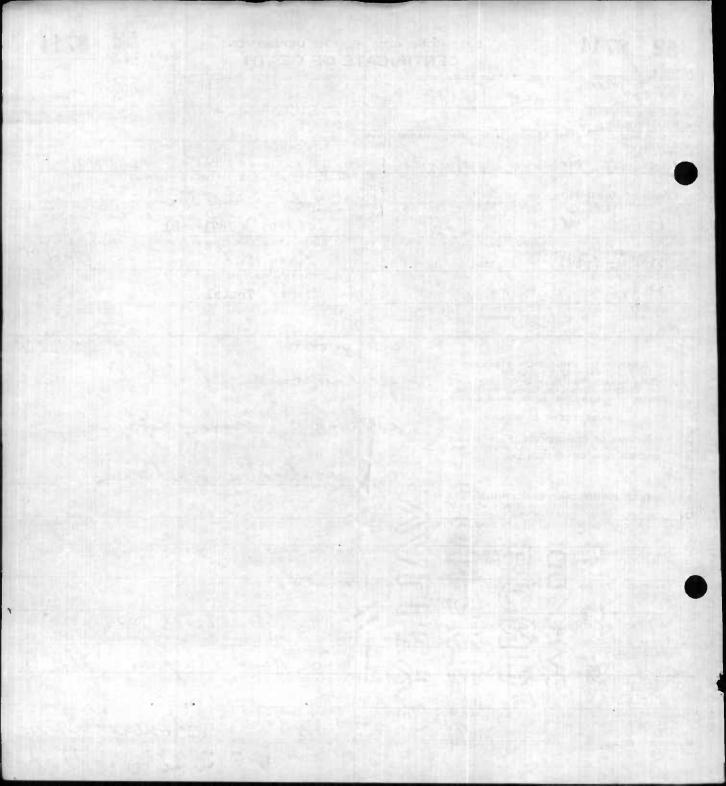
CERTIFICATION

EDICAL



630	*
52 8743 BIRTH NO. BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT 52 8743 E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) CARRETT, AUDREY E	12 abeth 2. DATE OF SENT. 20,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Baltimore, maryland	Lochearn township)
c. Length of stay in Baltimore Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)  3807 Lochlarm Vrive
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  MANUAL	July 13, 1921  9. AGE (In years If Undor I Yeer If Under 24 Hours Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Maryland 14. MOTHER'S, MAIDEN NAME
Leorge V. Knight	amelia C. Chenowith
15. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  10. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes, no or unknown) (16 yes, give war or dates of service) 220-03-9212	17. INFORMANT Mr. James L. Jarrett-3807 Lochearn Dr.
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	enchal and Subaranchuoid a few hours
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (6. g., in	nor   21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., c	INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Leg	nt 20 1952 to Sept 20, 195, that I last saw the
23A. SIGNATURE	red at 2 Pm., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY 24D, LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) Burial 9/23/52 Woodlawn Ce	
DATE RECEIVED BY REGISTRAR'S SIGNATURE .	25. FUNERAL DIRECTOR ADDRESS
VS 150	William & Show
VS 150	Balto 17, Md.





#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8745

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE Mora V. Grant DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D STREET ADDRESS (If rural, give location) Mos. 194 75009 c. Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. hivor CEM 16 23 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewith YOULE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or nnknown) SECURITY NO blat Move INTERVAL BETWEEN 443x CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO FY OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES 4 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK . 19 52 that I last saw the . 1947 to 6/15 22. I hereby certify that I attended the deceased from\_ deceased alive on 9/20, 1952 and that death occurred at 1. 30 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY

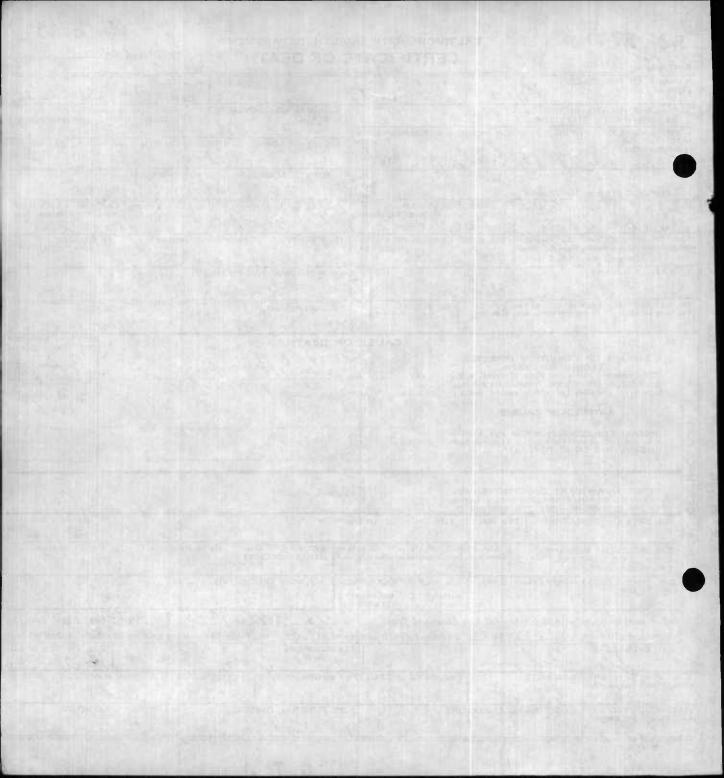
LOCAL REGISTRAR VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE untrylow

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered 1 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) DEATHSeptember 18, 1952 ANDREW BAKALSELOS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before ndmission) Maryland B. FULL NAME OF if not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Baltimore Baltimore City Morgue D. STREET ADDRESS (If rural, give location) Yrs. Mos. 7 S. Fremont Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | H Wader | Year | H Under 24 Hours | Inst birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify Male White 10A. USUAL OCCUPATION (Givekind of ! 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME EVEN N. U. S. ARMED FORCES:
(1) yes, give war or dates of service) 15. WAS DECEASED W U. S. ARMED FORCES? 16. SOCIAL 17.INFORMANT ADDRESS (Yes, no or nuknown) SECURITY NO. 0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖾, accident 🔲, suicide 🔲, homicide 🔲, undetermined 🗍. 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR 151

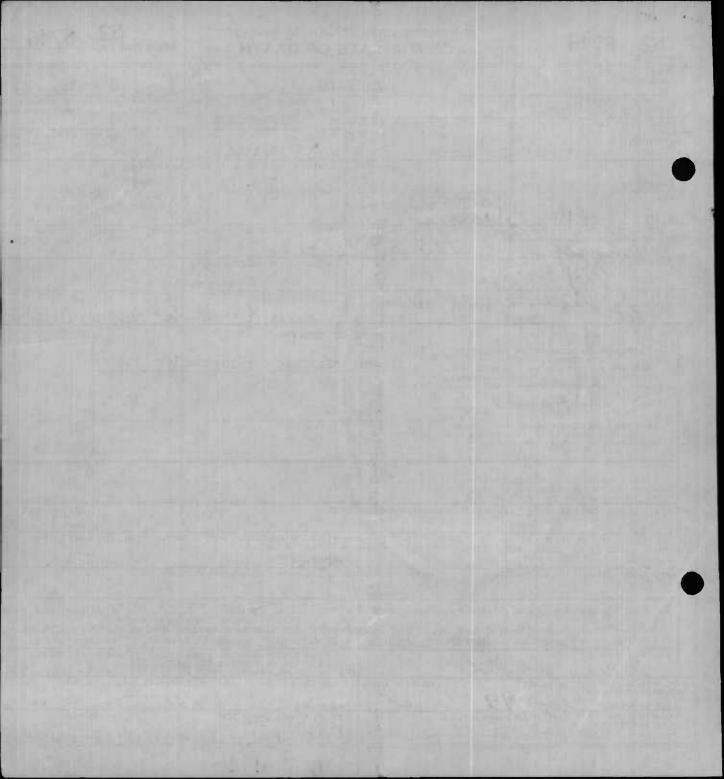
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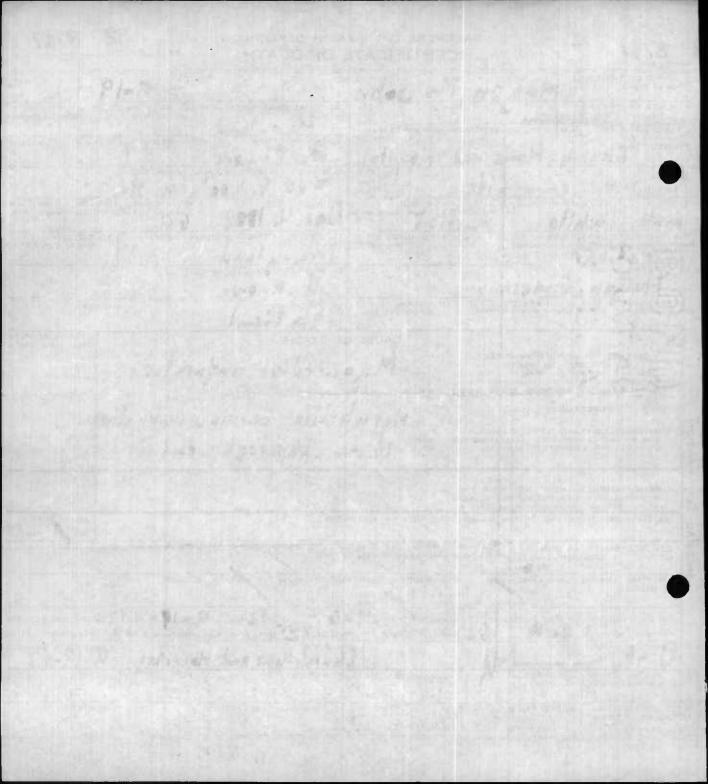


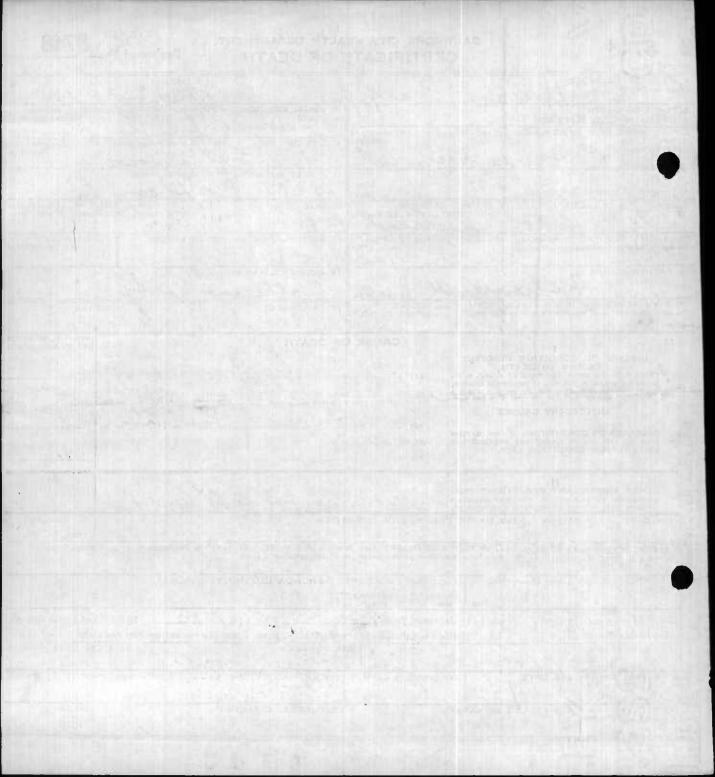
BIRTH NO (Type or Print)

VS 150

# CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT Registered No 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate lifetts, write HURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. VEGGL CIN c. Length of stay in Baltimore Days 9. GE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days MOYFIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working ble, even if retired) INDUSTRY WHAT COUNTRY? A live Moulde toppers CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PIJTON Knysly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. NEORMANI ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID MJURY OCCUR? 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hur) INJURY OT WHILE WORK -1972 to. 1917, that I last saw the 22. I hereby certify that I attended the deceased from\_ , 19 and that death occurred at mm., from the causes and on the date stated above. deceased alive on ... 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county) (State) 24B. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR

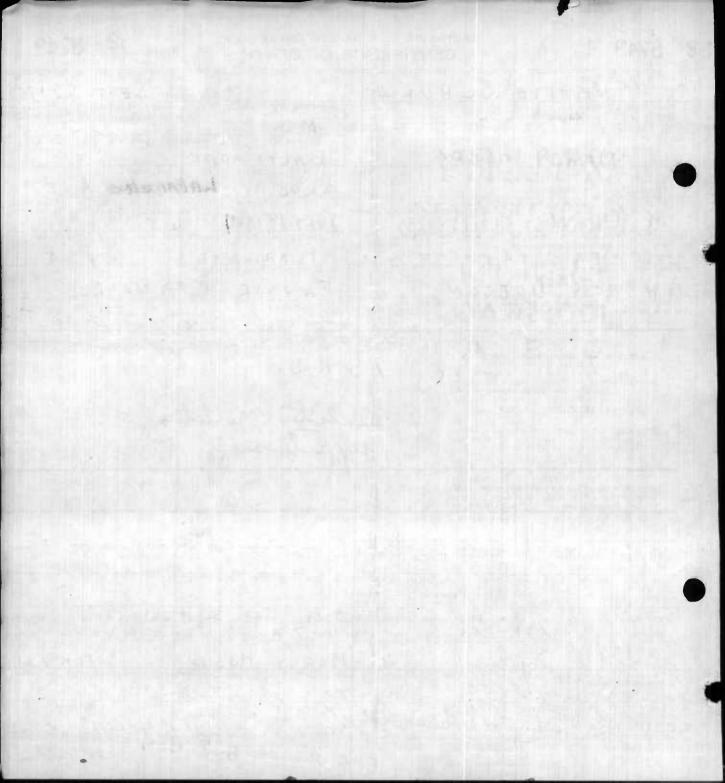




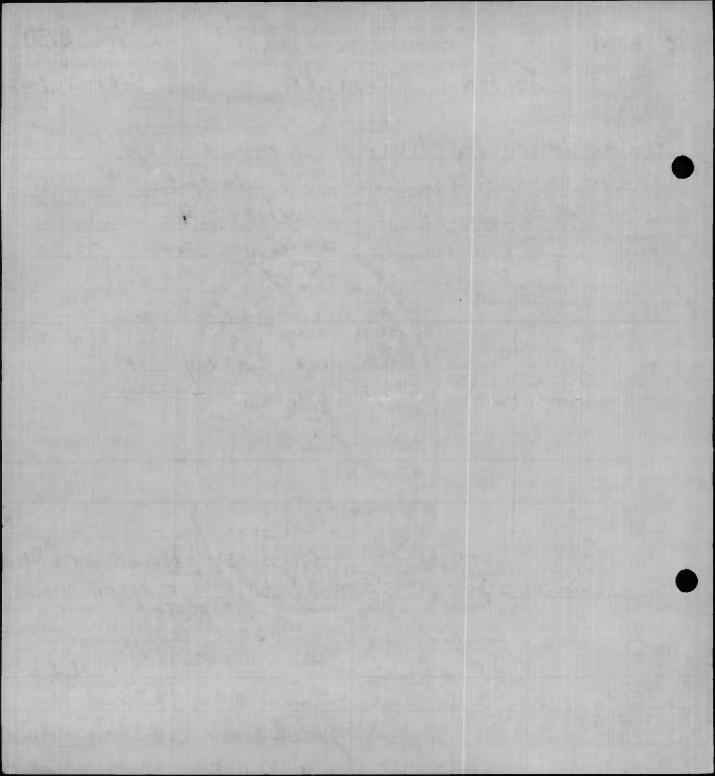
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 8749

BIF	RTH NO.			
(Ту	NAME OF DECEASED Pe or Print) NETTIE SCHULZ	2. DATE OF DEATH SEPT. 22,195.		
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence  A. STATE  B. COUNTY  Defore admission		
	FULL NAME OF (If not in hospital or institution, give street address or	MD. 11-03		
HO	SPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi		
1143	MERCY HOSP.	BALTI MORE		
	Yrs.	D. STREET ADDRESS (If rural, give location)		
C	Length of stay in Baltimore Mos.  Days	2205 W. hAFAGERE AVE.		
	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years   fl Under   Year   fl Under 24 No last birthday)   Months; Days   Hours: Mi		
	MIDOWED, DIVORCED (Specify)	JULY 18.1880 16 5		
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State br foreign country)   12. CITIZEN OF		
work	done during most of working life, even if retired)   INDUSTRY	M A O VI A VI		
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	1 51 5 5 5 1	D = 11 · ·		
1	INDREW DODSON	FANNIE REYNOLDS		
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
		Henry a. Schulz, for 201		
T	18. YGOX CAUSE	OF DEATH W. Lafar lette and DEA		
	DISEASE OR CONDITION DIRECTLY	II D		
	(This does not mean the mode of dying, e.g., (A)	H D		
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO			
		0 0- 5 00.0		
	ANTECEDENT CAUSES	letis mellitus		
o o	Z DISEASES OR CONDITIONS, IF ANY, GIVING			
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Mr. lension		
CA	(c)			
IFIC				
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
G	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
,	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY		
¥	0	YES NO		
EDIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., about home, form, factory, street, office bldg.			
	LYING OR CONTRIBUTING   ADOUT BOTH, RECOFF, Street, O BLOCK BOTH, RECOFF, STREET, BUT AND A BLOCK BOTH, BUT AND			
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?		
	OF INJURY WHILE AT NOT WHILE			
	m.   WORK   AT WORK	£ 19 , 1952 to Sept 22, 1952 that I last saw		
. 1	22. I hereby certify that I attended the deceased from Ser			
		rred at 7 A.m., from the causes and on the date stated abo		
	(A) 514 (1) 4 (1)			
	M. D.   SA. BURIAL, CREWA 24B. DATE   24C, NAME OF CEMETE			
TH	NA. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	- ( Pl. /2 0 /a Med		
19	urial Jul. 23/32 Canda	on that the		
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS		
C	ED 22 1952 Huntington Volume, My	100041X1. 1116/Q. 410 160MM		
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	VS 150	2 8/10 80 sonle		
	1 9 5	6. 7		



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) GEK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) lact birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of foreign country) BUSINESS OR 12. CITIZEN OF work done during most of working life, even if ratired) INDUSTRY WHAT COUNTR ATHER'S NAME MAS DEEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDDOSS2 7 SECURITY NO INTERVAL CAUSE OF DEATH ONSET AND DEATH 9 7.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH -RUSHING (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO HEAD ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT Inspection 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident X, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



### BALTIMORE CITY HEALTH DEPARTMENT

52 8751

Registered No.

	BII	RTH NO.			
	1.	NAME OF DECEASED 2. DATE OF Print) OF DEATH 9/21	100		
		PLACE OF DEATH:  Baltimore City, Maryland  4. USUAL-RESIDENCE (Where deceased lived. If institution and instit	tution: residence before admission)		
	B. I	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION (If outside corporate limits, wr			
	-	Bobtimore, Mrd. Wanchese (If rural, give location)	township)		
	c.	Length of stay in Baltimore 21_Days			
	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (in years last birthday) Months			
			CITIZEN OF WHAT COUNTRY?		
	13	FATHER'S NAME	U. S.		
	15	FOLSEY, Rayne Herbert  WAS DECEMBED EVER IN U.S. OMED FORCES?   16. SOCIAL 17 INFORMANT ADDR			
		WAS DECORASED EVER IN U.S. OMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO.	ESS		
		CAUSE OF BEATH	INTERVAL BETWEEN ONSET AND DEATH		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,  (A) Brain Tumoy	3 mas.		
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
-	ANTECEDENT CAUSES  Z  DISEASES OF CONDITIONS IS ANY CHARGE  (B)				
mil.	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
CHARLES.	IFIC	11			
Itysi	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
1. Y	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
or cante.	DIC	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	A		
dun	Ш	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
rany		OF INJURY  m. WHILE AT NOT WHILE AT WORK			
spec		22. I hereby certify that I attended the deceased from 9 10 , 19 2 to 9/21/52, 19 , the deceased alive on 9 21, 1952 and that death occurred at 6.054 m., from the causes and on the deceased			
1S e			9 21 /S		
982	24 TI	AL BURIAL CREMA! 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or control of REMOVAL (Specify)			
correct	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ALL	DRESS		
00	L	SFP 27 1952 Huntington Williams, My Howard Williams Est	medunean		
		VS 150	an		
			0.000		

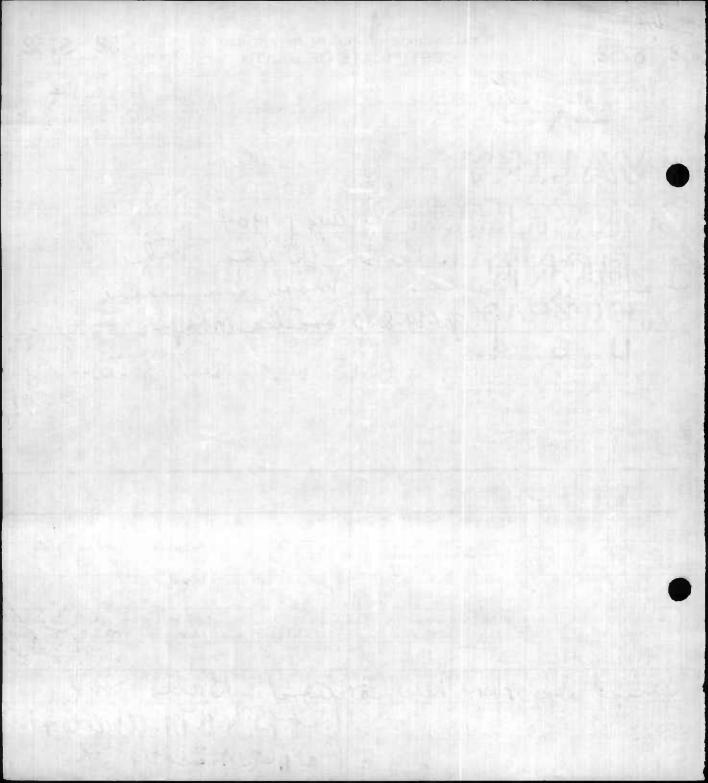
Chief PHI Ships

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Bureal 3-25 Wondhear wandere on C.

you demont & are South the leverte

	400				
52	2 8752 RTH NO.	CERTIFICATI	V 11	Registered .	52 8752
	NAME OF DECEASED  The or Print) Michael F.	Soule	2	OF DEATH	22/52
Α.	PLACE OF DÉATH: Baltimore City, Maryland		4. USUAL RESIDENCE (When		institution : residence before admission)
HC	FULL NAME OF (If not in hospital or in	nstitution, give street address or location)	c. CITY OR TOWNIIf out	side corporate limi	ts, write RURAL and give
7	Mercey 1	Yrs.	D. STREET ADDRESS (If rura	al, give location)	township)
	Length of stay in Baltimore	Mos. Days	5106 Bens	. 12.0	
	MIWIP	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	aug 9-1904	last birthday) M	ff Under   Year   II Under 24 Hours on the Days Hours Min.
WO'S	done during most of working life, even if retired)	R. R. PINDUSTRY	11. BJRYAPLACE (State or foreign	mcountry	12. CITIZEN OF WHAT COUNTRY
63	FATHER'S NAME Q. D.	ayle	14. MOTHER'S MAIDEN NAME	0	,
(Ya	WAS DECEASED EVER IN U.S. ARMED FORCE	16. SOCIAL SECURITY NO.	( INFORMAT.	l. le ^	Same
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour FINJURY  22. I hereby certify that I attended	(B)  GIVING (B)  GIVING (C)  S CON- RELATED SING IT.  AJOR FINDINGS OF OPER  B. PLACE OF INJURY (c. g., in thome, farm, factory, street, office bidg., e  WHILE AT NOT WHILE T WORK  The deceased from 4	ATION  1 or 21c. WHERE DID (If in INJURY OCCUR?  ED 21F. HOW DID INJURY OC	72/12, 19	
	deceased alive on 9/24/5419_ 23A. SIGNATURE WE WE	Turell M.D. 2	red at 12.1 am., from the o	P	23c. DATE SIGNED
TIB	BURIAL CREMA- N REMOVAL (Specify)	ANAME OF CENETER	RY R CREMATORY 240 DOCA	City, town	or county (State)
	TE RECEIVED BY REGISTRAR'S SIG	Williams M.	25 PELVIEWAL DIRECTOR	m.W	alter
	VS 150	57509	(Intox Pho?	elter (	<b>X</b> .

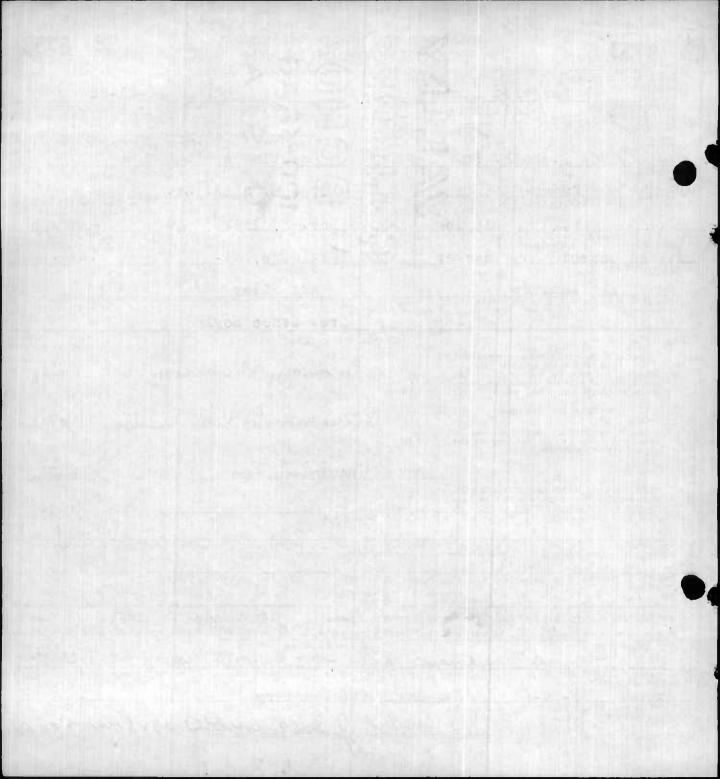


correct are is especial important. Physicians: please write the causes of death clearly and legitive

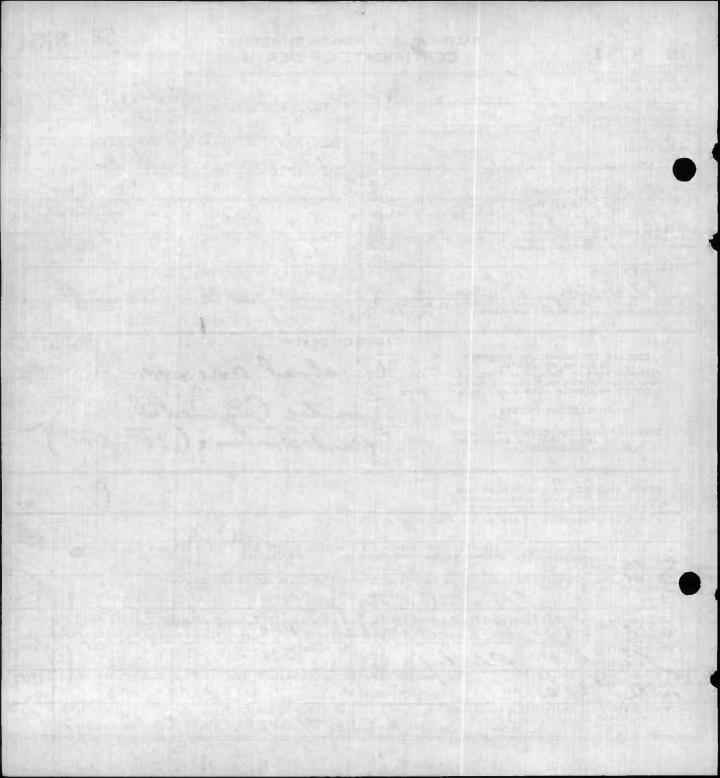
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8753

BI	IRTH NO.	ATE OF BEATT	
	NAME OF DECEASED Type or Print)		2. DATE
	margaret Landers		DEATH 9-21-52
3. A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	A. STATE	Where deccased lived, if institution; residence B. COUNTY before admission)
B. H	SSPITAL OR (If not in nospital or institution, give street addressed and	c. CITY OR TOWN (1	f outside corporate limit, write RURAL and give
	1704 E. 25th. St.	Baltimore	O Co township)
		irs. D. STREET ADDRESS (II	rural, give location)
	Length of stay in Baltimore Lifetime I	Days   1704 E. 25t]	
5.	. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (S)	8. DATE OF BIRTH	9. AGE (In years     Under   Year     Under 24 Hours   last birthday)   Months: Days   Hours   Min.
	F. W. Single	Nov - 2, 1862	89
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Of k done during most of working life, even if retired)		foreign country)   12. CITIZEN OF WHAT COUNTRY?
11	etired School Teacher	Baltimore, Md	
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN N	
	John Landers	Ann Riley	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  18. no or unknown) (If yee, give war or dates of service) SECURITY N	17. INFORMANT	ADDRESS
	SECORITY I	Mrs. Grace Bo	vle
	18. 470.1 CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		ad. Ren disease Wyces
TIF	OTHER SIGNIFICANT CONDITIONS CON-	malmululos	6 mth
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	PERATION	20. AUTOPSY?
A	0		YES NO
EDICAL	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (about home, farm, factory, street, office		If in Baltimore City, give exact location)
Z	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCC	URRED 21F. HOW DID INJUR	Y OCCUR?
		HILE ORK	
			21 , 195 What I last saw the
	deceased alive on Sant 18, 195V, and that death of		
	23A. SIGNATURE	1 238 ADDRESS	23C DATE SIGNED
	Joseph Freduce M. E	404 E. Nort	s ave 9:22.52
2.	4A. BURIAL, CREMA 24B. NATE 24C. NAME OF CEN	ETERY OR CREMATORY 24D. I	
		Tal Cemetery	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	SEP 22 195 Htuntington Williams M.	2. Walter Cons	LO 2343 HARFORD RD.
	VS 150	1	
l	9 5 2	0000071	
		0 / /	XV 100



) -	II SID / CAMPE A .	HEALTH DEPARTMENT 52 8754 ATE OF DEATH Registered No.
	1. NAME OF DECEASED James Bla	nd 2. DATE OF DEATH DEpt. 22,1/5-2
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street add)	4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)  ESS OF RANGE A. STATE  B. COUNTY  B
y.		ation) c.CITY OR TOWN (If outside orporate limits, write RURAL and give township)
legibl		Yrs. D. STREET ADDRESS (If rural, give location) Days
y and	5. SEX 6. COLOR OR RACE 7, SNOCKE, MARRIED, WIDOWED, DIVORCED (S	pecify) 8. DATE OF BIRTH 9. AGE (In years of Under 124 Hours last birthday) Months Days Hours Min.
cles a	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDU	OR 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
death	13. FATHER'S NAME Bland	14. MOTHER'S MAIDEN NAME
ot	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY	17. INFORMANT ADDRESS
Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	SE OF DEATH  Ordral Oney iv  protee Congrielil  flent Deine (?1. of F.)
Phys		
ant.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	YES NO
important.	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	
ur All		WHILE
especie	22. I hereby certify that I attended the deceased from deceased dive on 1/72, 1952, and that death	9 / 2 2 1952, to 9 / 22 , 19 7 that I last saw the odcurred at 7 2 h., from the causes and on the date stated above.
ge is	23A. SIGNATURE Plelligs M.	238. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED
	24A. BURIAL, CREMA- 24B. DATE 24C AME OF CE TION, REMOVAL (Specify) 9/22/52 HOW	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Ar Kansas
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  Huntington Williams M.	25. FUNERAL DIRECTOR Baltimus
	EP 45/305	20008749



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

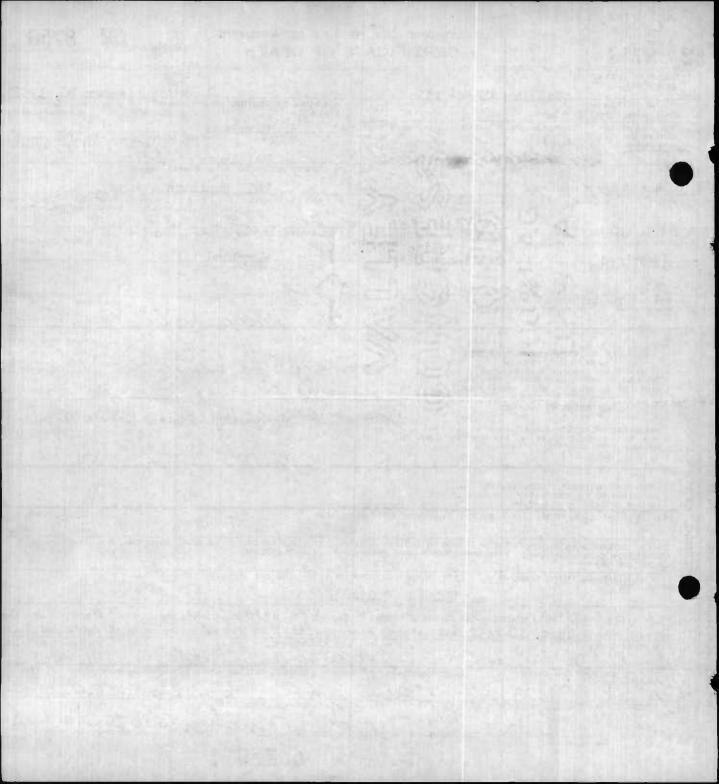
Registered \$2 8755

1. NAME OF DECEASED (Type or Print) Helen Kwiat	kowski		2. DATE OF DEATH	9-22-52		
3. PLACE OF DEATH:  A. Baltimore City, Maryland	Balto	4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION 613 S. Glover S.	location)	77 711	Md	its write RURAL and give township)		
c. Length of stay in Baltimore 45		613 S. Glove				
F 6. COLOR OF RACE 7. SINGLE WIDOW	E, MARRIED. VED, DIVORCED (Specify) WICOWED	9-25-95	9. AGE (in years last birthday) M	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.		
work done during most of working life aven if a time?	o of Business or Sewife INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Adam Conrad		14. MOTHER'S MAIDEN NA Marie I				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Florence Trotta-		ADDRESS Avenue		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
	FINDINGS OF OPER	ATION		20. AUTOPSY?		
	ACE OF INJURY (e. g., i		f in Baltimore City,	give exact location)		
OF INJURY	2 IE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?			
22. I hereby certify that I attended the deceased from the deceased alive on fight 195, that I last saw the deceased alive on fight 195, and that feath occurred at 6 74. m., from the causes and on the date stated above.  23A. GIENATURE  23B. ADDRESS  24A. BUMAL. CREMA- 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, geounty) / (State)						
DATE RECEIVED BY   REGISTRAR'S SIGNATU	St. Stanis	laus Cem.	Baltimore,	Md. ADDRESS		
SEP 22 1952 Huntington	1/111.	Dilly & Zeiler,	Inc. 403 S.	Wolfe Street		
vs 150	20 00	8 7 5 0				

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	162	BALTIMORE CITY HE	ALTH DEPARTMENT	5	2 8"	756
3	RTH 85756	CERTIFICATE	OF DEATH	Registered N	6.	00
	NAME OF DECEASED ppe or Print)	23		2. DATE OF DEATHS - TOTAL	mbom 20	1052
	PLACE OF DEATH: Baltimore City, Maryland	corowski	4. USUAL RESIDENCE (W) A. STATE	here deceased lived, If B. COUNTY	institution : re before	esidence admission)
HC	FULL NAME OF (If not in hospital or SPITAL OR PROTECTION	institution, give street address or location)  Nospital Yrs.	c. CITY OR TOWN (If c	outside corporate limit		L and give township
c.	Length of stay in Baltimore	Mos. Days		ilton Avenue	9	
	M W	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 24.8-1895	9. AGE (In years last birthday)	Under 1 Year on the Daya H	
work	done during most of working life, even if retired)	Police Dept.	11. BIRTHPLACE (State or for Mryland 14. MOTHER'S MAIDEN NA		12. CITIZEN WHAT	OF COUNTRY
13	Thork 2/m	wh:	14. MOTHER'S MAIDEN NA	ME		
15 (You	. WAS DECEASED EVER IN A. S. ARMED FOR (If yes, rive war or dates of set	RCES? 16. SOCIAL rvice) SECURITY NO.	17. INFORMANT	1 2/000	DDRESS	ame
ATION	DISEASE OR CONDITION DIRECTION OF ANY CONDITION DIRECTION OF ANY CONDITION DIRECTION OF ANY CONDITION OF ANY CONDITIONS, IF ANY CONDITIONS, IF ANY CONDITIONS, IF ANY CONDERLYING CONDITION LAST.	ing, e.g., (A) Colling disease, d death.) DUE TO	onany Occlus	sion entenine De	INTERVAL ONSET A	nemis
CERTIFICATION	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED				
1	19A. DATE OF OPERATION 19B. I	MAJOR FINDINGS OF OPER	ATION		20. AU	TOPSY?
EDICA		1B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e		f in Baltimore City,		
Ö	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	ur) 21E. INJURY OCCURRE  WHILE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY	OCCUR?		
	22. I hereby certify that I attended deceased alive on Sept. 20, 19	ed the deceased from Ou	red at 5:30 P. m., from the	eff; 20, 195	h, that I las	st saw th
	Michael J. Druss	ch M.D. 4	1636 Belain	Rd	9-21	1-52
1	REMOVAL (Specify)  ATE RECEIVED BY   REGISTRAR'S	24C. NAME OF CEMETER	25 FUNERAL DIRECTOR	allo (City, town	ADDRESS	(State)
	DCAL REGISTRAR   Hunting	ton Williams, M. H.	J. Kuck	5305	- Ital	ford
	VS 150	773 093	3 n V8 7 5 1		0	

correct age is especially important. Physicians: please write the causes of death



Burial

DATE RECEIVED BY

LOCAL REGISTRAR

9/24/52

REGISTRAR'S SIGNATURE

untimeton

Parkwood

Cemebery/

LUNERAL DIRECTOR

Maryland

Ruck, 5305 Harford Road.

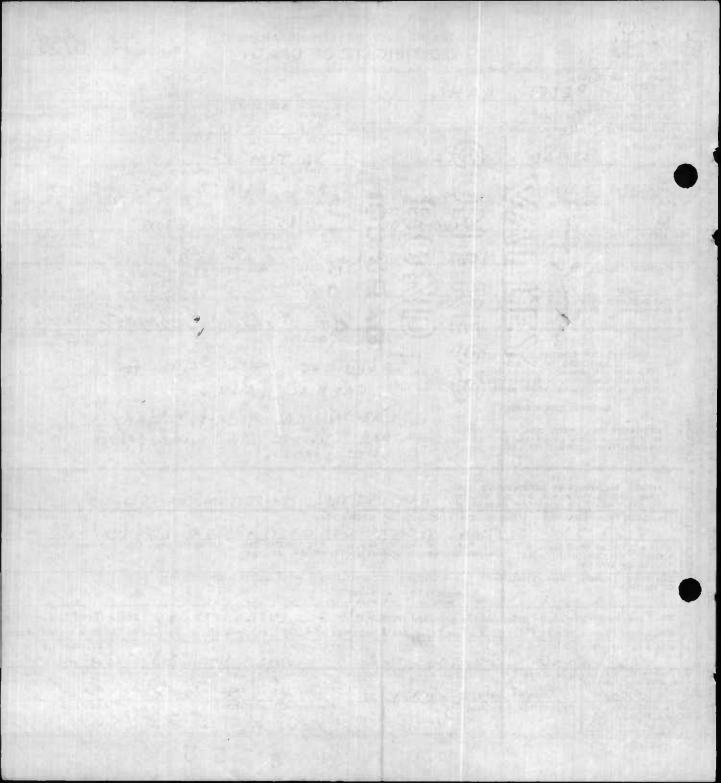
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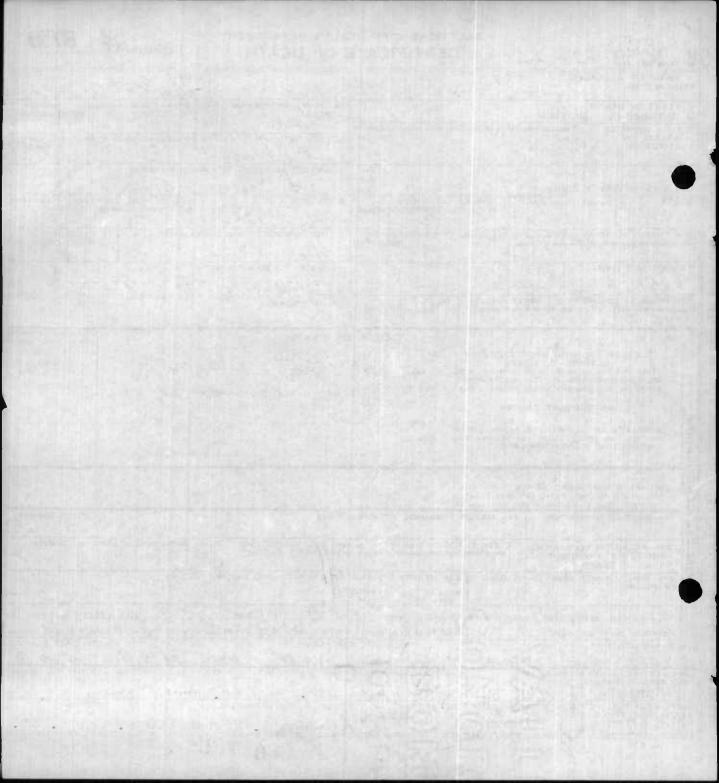
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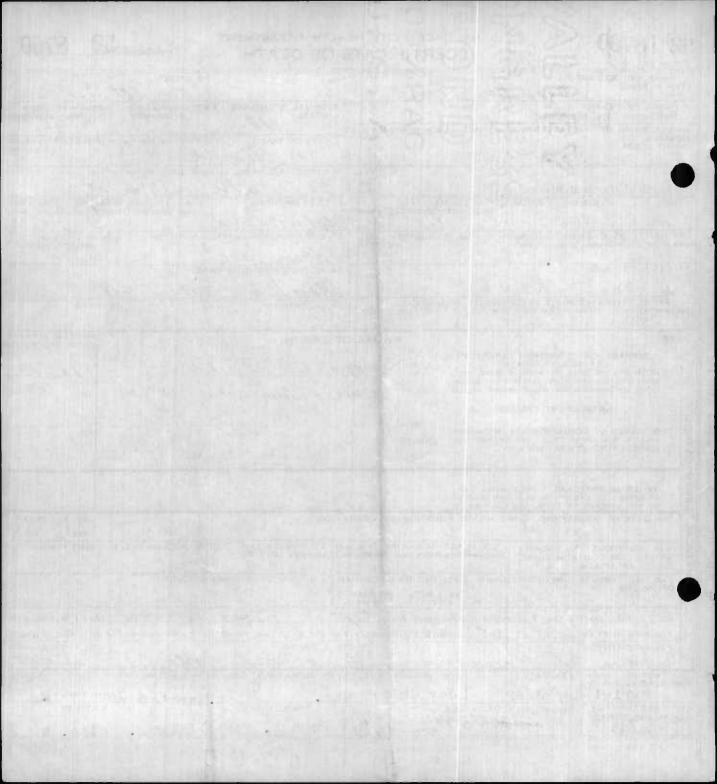
132	500 8758			TIMORE CITY H			ered No_8'75	8
	LNAME OF D Type of Print) REGERIC	1 DETER	ИДИ	4N		2. DATE OF DEATH	7/20/52	
	B. PLACE OF D		***		4. USUAL RESIDE	NCE (Where deceased li		sidence admission
8	FULL NAME HOSPITAL OR NSTITUTION	OF (If not in hospit		ion, give street address or location)	MARYLA	ND BAL	TIM DES te limits, write RURA	L and give
5	12	SINAL	HOSPI	TAL	BALTIM			township
and legibly	Longth of s	tay in Baltimore		Yrs. Mos.		SS (If rural, give locat	10n) F. # 6	
P P	S. SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In ve	ears H Hoder   Year   It	Under 24 Hours
	M	W		(ED, DIVORCED (Specify)	7/1/85	last birthda	Months Days Ho	ours Min.
Tig Wo	OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR		tate or foreign country)	12. CITIZEN	OF
cle			MET		DALTO	Co. Md.	What c	JOUNTRY
death clearly	3. FATHER'S N	IAME		go (n)	14. MOTHER'S MAI	•		
	5. WAS DECEASE	TAHN ED EVER IN U. S. ARMEI	EODCES!	l 16. SOCIAL	KATHERI	NE		
0 (1	(es, no or unknown)	(If you, give war or date	of service)	SECURITY NO.	MP MIL	TON SchM	ADDRESS O	NOR
causes	18. / 8	20× .		CAUSE	OF DEATH	7077		BETWEEN
the c	DISEASE OR CONDITION DIRECTLY							
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	, (A) - ulu	MONSBY Ed	rema aue	to	
write	injury or	complication which	aused death	DUE TO C	ARDIAC f	illupe		
	Z CARCINOMA of left Kidney							
pleas	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO AND URELER WITH WIDES PIEZD UNDERLYING CONDITION LAST							
	UNDERLI	ING CONDITION LA		(c) MCQ	tastases	sight wides	preza	344
FIC								
RTI	OTHER S	II IGNIFICANT CONDI		- /				
Phy CE	TO THE D	TO THE DEATH, BUT	CAUSING I			CTION OF PE		
له ا		F OPERATION 3 1		FINDINGS OF OPER	4.4	DONA of bla	dder YES X	
Sorta	TRANSITION AL CEIL CARCIN UMA of bladder YES NO L  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e.g., in or 121C. WHERE DID INJURY OCCUR?  (If in Baltimore City, give exact location)  INJURY OCCUR?							
	21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
any	OF INSURT	No. o Trail	m.	WHILE AT NOT WHILE				
especia	22. I hereb	y certify that I att	ended the	deceased from Ju	ly 1 , 1957	to Sept. 20	, 195), that I las	t saw th
esp	deceased al	live on Sept-30	, 1952	and that death occu	rred atm.,	from the causes and		
133	23A. SIGNAT	2 ( )	7.		23B. ADDRESS	Marital	23C. DATE	SIGNED
8 86 E	24A. BURIAL.	CREMA- 24B. DATE	1 corra	AC, NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City	, town, or county)	(State)
	ION BENOVAL (S	pecity) 9/20	1/52	Loudon	Fank	An 18	- mil	7
correct	DATE RECEIVE	D BY   REGISTRAR	SIGNATE	IRE	25. SUNERAL DIRE	gfor	ADORESS	16
0	SEP 22	1951 1 4	stor /	Villiams, M.P.	1 Kuck	5305	Harkon	dK
	VS 150	,,	0	2523	3 m 8	7 5 3		





10	00							
52	875	60	BA	CERTIFICATI	EALTH DEPARTMENT	T Registered	152 87	60
BIRT	H NO.	2-2201		CERTIFICATI	E OF DEATH		110.	
	AME OF D	Bab.	Boy	ROWE	B	2. DATE OF DEATH	+ 19,19	52
A. Ba		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. B. COUNTY	If institution : resid	
HOSE	LL NAME	OF (If not in hospi	tal or institut	tion, give street address or location)		(If outside corporate )	nite white RIEAL.	and give
INST	ITUTION	SINA	/		Baltin	ene V		ownship
8				Yrs.	D. STREET ADDRESS (	If rural, give location)		
c. Le	ength of s	tay in Baltimore		Mos. Days	334 Sout	he behigh	5%.	
5. SE	x	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under   Year   H Under   Hour	der 24 Hours rs Min.
10A. 1	USUAL OC	CUPATION (Give kind of	I TOB. KINE	OF BUSINESS OR	II. BIRTHPLACE (State or	r foreign country)	1 12. CITIZEN O	)F
		of working life, even if retired		INDUSTRY	Meny lan	ul	WHAT COL	
13. F	ATHER'S N	NAME	-		14. MOTHER'S MAIDEN			
1		IE KO	WE		Bealah	GATTE	N	
(Yes, no	or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) JAMES E TO WINS —  (A) JAMES E TWINS —  (B)  DUE TO THORACO PAGUS  (C)  THORACO PAGUS				ro -pega	S ONSET AND	J.O		
CERTI	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED				
_	A. DATE O	F OPERATION	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTO	PSY?
<u> </u>		6	1				YES	NO
C L		ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in farm,factory,street,office bldg.,	a or otc.) 21C. WHERE DID 1NJURY OCCUR?	(If in Baltimore City	, give exact location	on)
2	ID. TIME (	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?		
	MOORT		m.	WHILE AT NOT WHILE				
2	2. I hereb	y certify that I at	tended the	deceased from SG	rt 19 , 195 2 to	Sept 17, 19	T2that I last s	saw th
d	cceased al	live on Cht 19	1, 1952	and that death occur	rred at MAm., from	the causes and on	the date stated	labove
2;	A. SIGNAT	TURE	2	2	3B. ADDRESS	B 1/1	23c DATE S	
200	BURIAL, C	CREMA-I 24B. DATE	Mich	24C, NAME OF CEMETE	PY OR CREMATORY 34P	LOCATION (City, tox		(State)
TION,	REMOVAL (S	pecify		_				(Deace)
DATE	Buri RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS	
SFI	P 2219	PAD	lington	18/11.	P John A. Mor		Balto. *	
	VS 150	Miles bilance	ar angles	Company with the second				
			1 3	the Co	8 7 5	5		

correct age is especially important. Physicians: please write the causes of death clearly and legibly

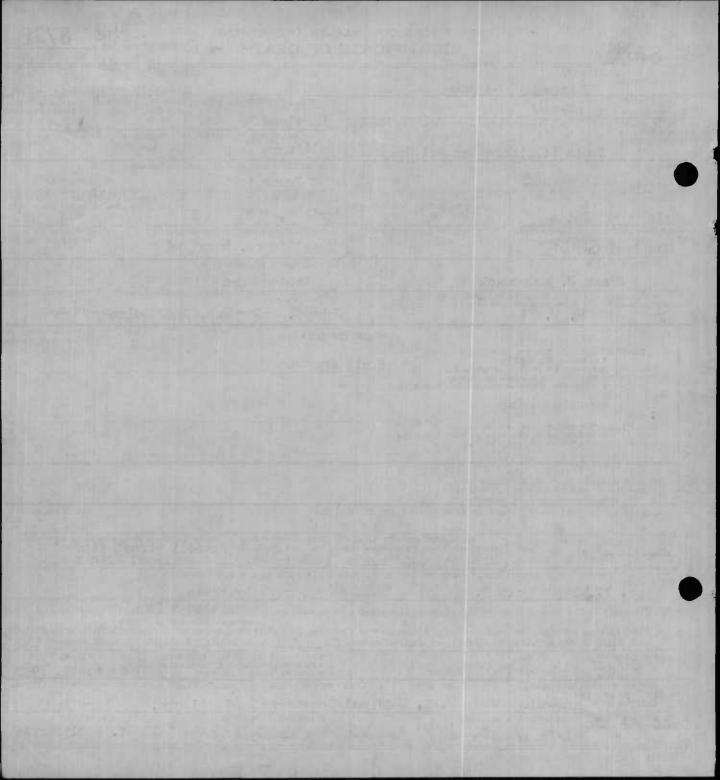


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8761

1. NAME OF DECEASED (Type or Print)  JOSEph and McCormack	2. DATE OF DEATHSeptember 17, 1952
a. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF 1 i not in hospital or institution, give street address o HOSPITAL OR location	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give
South Baltimore General Hospital	townshin)
Yrs. Mos,	o. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	
Male White WIDOWED, DIVORCED (Specify Single	April 6, 1921 31 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of the work dame during most of working life, even if retired) Hospital Orderly	11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James J. McCormack	Sabina Ward
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W. W. II	John E. McCormack, 2647 Dulaney Street
LEADING TO DEATH  (This does not mean the mede of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  UNDERLYING CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	l fracture
TO THE SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION GAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg.  UTING CAUSE OF DEATH.  Railroad tracks	s Western Maryland Railroad Tracks 2/-02
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY Sept. 17, 1952 9:15 Pen. WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy. Inspection or	above, held an Inspection & Inquiry thereon and from  Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,  Inquiry, find that said deceased died on the day stated above,  Inquiry, find that said deceased died on the day stated above,  Inquiry, find that said deceased died on the day stated above,
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24a. BURIAL, CREMA- 24B! DATE 24c. NAME OF CEMETE TION, REMOVAL (Specify) 9/23/52 U. S. Nationa	
DATE RECEIVED REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE Huntington Williams, My	25. FUNERAL DIRECTOR ADDRESS  ? Wm. Cook, Inc., 1217 St. Paul Street
VS 151 N-803.2 239 87	000756

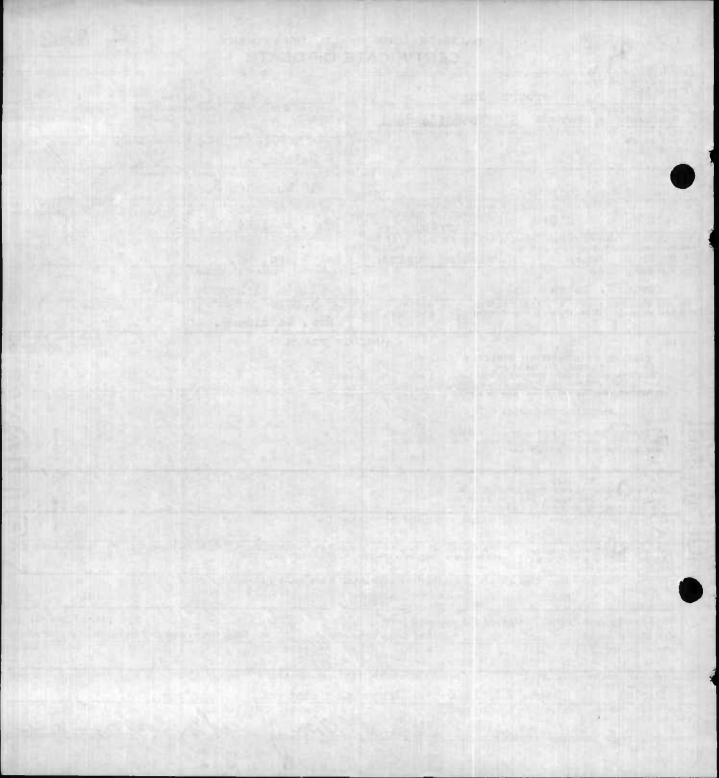


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correct age is especially important, Invacionis; presse write the canses of generi their

### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	E OF DEATH	registered	110,	
1. NAME OF DECEASED (Type or Print)					2. DATE		
		t King			DEATH Sep	t. 20,	1952
3. PLACE OF E		10 W/4	Joseph Dona	4. USUAL RESIDENCE (	Where deceased lived, I B. COUNTY		residence ore admission)
B. FULL NAME			dside Road		S. COUNTY	Dere	ne admission)
HOSPITAL OR			location)		f outside corporate lim	its, write RU	RAL and give
-				Baltimore	28	-04	township)
			Yrs.	D. STREET ADDRESS (II	rural, give location)		
c. Length of s	stay in Baltimore		Mos. Days	510 Woodside	Road		
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
Male	White	WIDOV	VED, DIVORCED (Specify)	0-+ 6 3004	last birthday) N		
TOA LISUAL OC	CCUPATION (Givekindof		arried O OF BUSINESS OR	Oct. 6, 1884  11. BIRTHPLACE (State or i	67	Lio cumum	
work done during most	of working life, even if retired)		INDUSTRY		toreign country)	12. CITIZ WHAT	COUNTRY
Lawyer &	Owner	Print	ing Dusiness	Baltimore, Md.			
13. FATHER'S				14. MOTHER'S MAIDEN N	IAME		
	W. Moore			Olivia Bishop			
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(100, 100 01 011110011)	(a. 30s, Brio war or dates	or nervice)	SECURITY NO.	Mrs. Matilda M	. King 510	Woodsi	de Road
18. 14	1		CALISE	OF DEATH	0		AL BETWEEN
7	20.11		CAUSE				AND DEATH
	SE OR CONDITION LEADING TO DEAT	*H	1 A	ronary the	sandas.	2	lus.
(This does	s not mean the mode oure, asthenia, etc. It mean	f dying, e. : ns the discas	g., (A)	10000 July		2 20	o cos
injury or	complication which c	aused death	DUE TO				
	ANTECEDENT CAUS	ES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING			***************************************	***************************************		
RISE TO T	THE ABOVE CAUSE (A)	STATING T	NG HE DUE TO				
4 OHDERE	YING CONDITION LA	ST.	(C)				
2							***************************************
OTHER S	II CONDU	TIONS OF					
U TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED				
	DISEASE OR CONDITION						
J 19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		1	AUTOPSY?
Ů		i ora pi	ACE OF INDURY ( :	216 WHERE DIR	Té in Politimens Cite	YES	No G
	R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact	location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
OF INJURY			WHILE AT NOT WHILE				
		m.	WORK AT WORK	1	1111 20		
	y certify that I att			7	Sept 20, 195	that I l	ast saw the
deccased a		, 19, 2,	and that death occup	red atm., from t	the causes and on		
23A. SIGNA	TURE / TL	1	71.11		1 .	23c. DA	TE SIGNED
1/1	www. At 16	M	M. D.	4109 Am		1 7/	3//0 -
24A. BURIAL. TION, REMOVAL (S	Specify)	Mary Line	24c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, tow	n, or county)	(State)
Burial	Sept.	23, 19	52 Lorrai	ne Cemetery   W	Voodlawn, Md.	De politice	
DATE RECEIVE		SIGNATI	JRE	25. FUNERAL DIRECTOR	-0	ADDRES	SA
SFD-9246		neton	Williams M.J	Mm. I ke	1Ener to	m	me
Vs 150	VE	0	- 055	PU //	977		
				1 100	1		



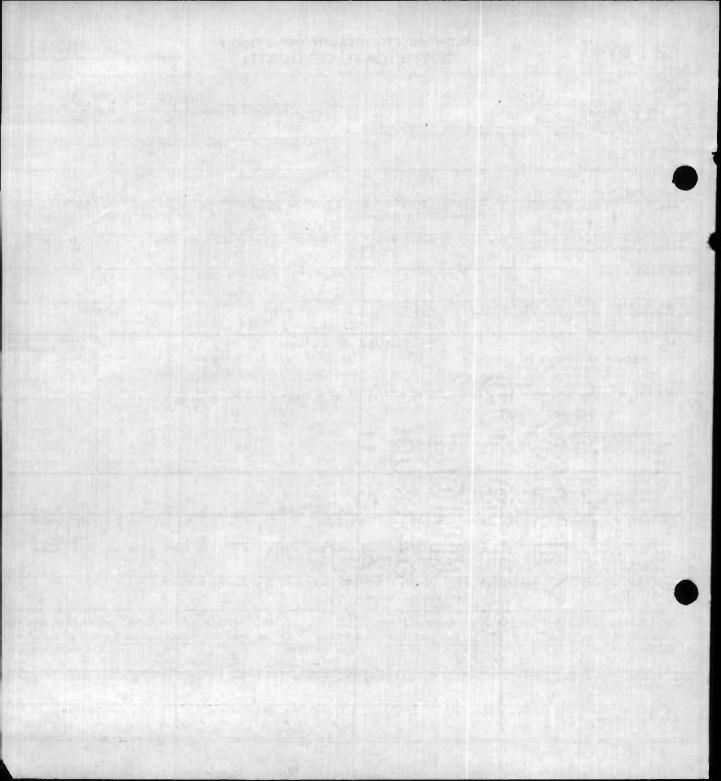
the causes of death clearly and legibly.

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

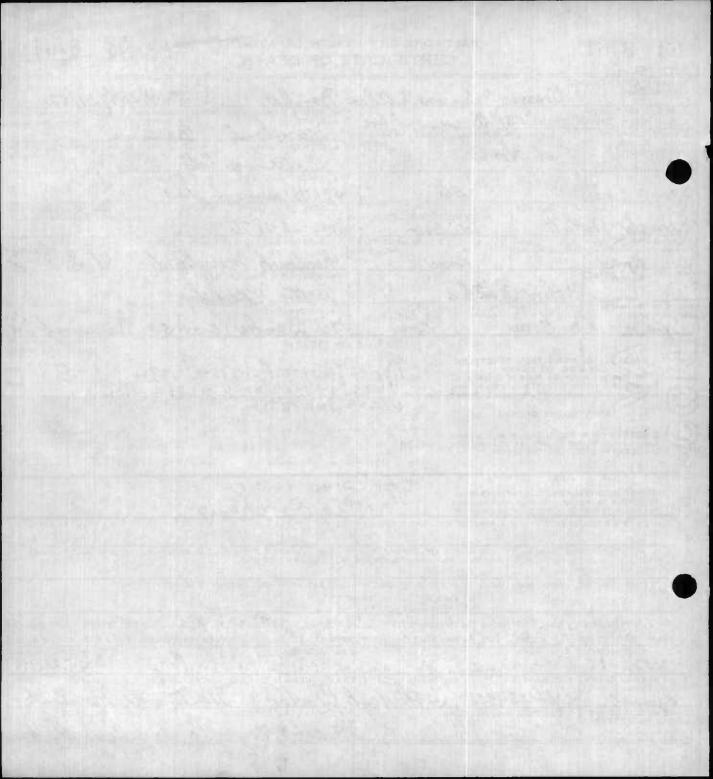
Registered No. 8783

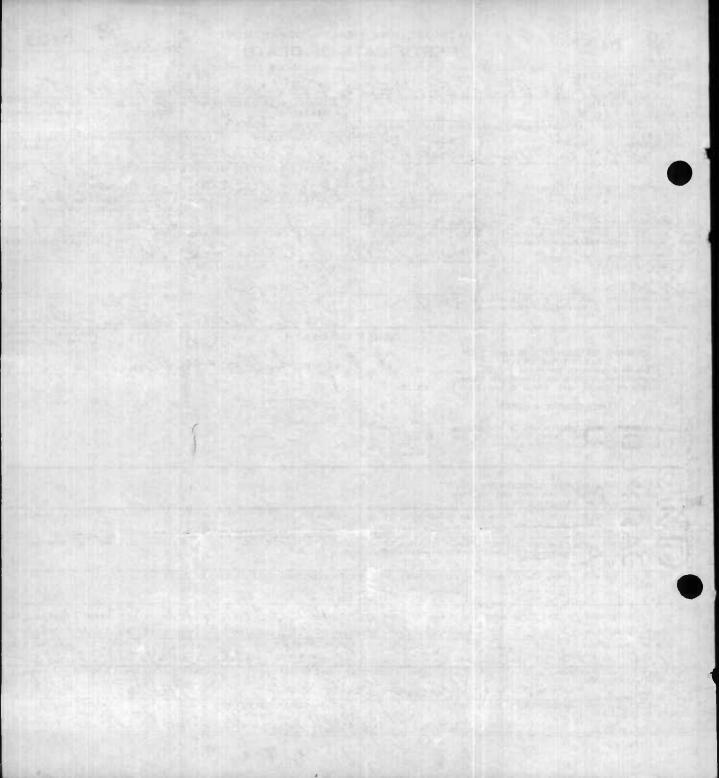
BIRTH NO.	ERTIFICATE	E OF DEATH	Registered No.					
1. NAME OF DECEASED   2. DATE								
(Type or Print) Mary M. Moles!	ki		OF DEATH Sept.22, 1952					
3. PLACE OF DEATH:		4. USUAL RESIDENCE (V	Where deceased lived, If institution : residence					
A. Baltimore City, Maryland 922 Kevin I	Rd.	A. STATE	B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	, give street address or location)		Contails communication in the Containing of the					
INSTITUTION	,		outside corporate limits, write RURAL and give township)					
		Baltim						
	Yrs. Mos.	D. STREET ADDRESS (If						
c. Length of stay in Baltimore	Days	922 Kevin						
5. SEX 6. COLOR OR RACE 7. SINGLE. MIDOWED	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under   Year   If Under 24 Hours   last birthday)   Months   Days   Hours   Min.					
Female White Widow	, _ , , , , , , , , , , , , , , , , , ,	Sept. 2 1880	72					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR	11. BIRTHPLACE (State or fo						
Housewife Own Hor	INDUSTRY	Lithuania	WHAT COUNTRY?					
13. FATHER'S NAME	.no	14. MOTHER'S MAIDEN N	AME					
	Similar to the							
Unknown		Unkn	own					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
No	None Mrs	. Agnes Appelt	As Above					
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B)  DUE TO  (C)							
OTHER SIGNIFICANT CONDITIONS CON-		20 -1.	9					
		O Tolarly	Mary glass					
19A. DATE OF OPERATION 19B. MAJOR FI	INDINGS OF OPER	ATION	20. AUTOPSY?					
A C		V	YES NO L					
218. PLACE  218. PLACE  219. PLACE  LYING□ OR CONTRIBUTING□  CAUSE OF DEATH  218. PLACE  about home, farm,	E OF INJURY (e. g., In s,factory,street, office bldg., et	1 or 21c. WHERE DID (1 to.) INJURY OCCUR?	f in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRE	2 1F. HOW DID INJURY	OCCUR?					
WHIL	LE AT NOT WHILE							
		ula 105/10	P. + 12 10 -2					
22. I hereby certify that I attended the dec		uly 193, to	Left 22, 1952, that I last saw the					
deceased alive on Lest 20, 1952, and		rea at m., from t	he causes and on the date stated above.					
abram Xaldu	23A. SIGNATURE 23B. ADDRESS S. Gilmon St. 23C. DATE SIGNED 206 S. Gilmon St. 9/22/52							
24A. BURIAL, CREMA- TION, REMOVAL (Specify)								
Removal 9/23/52			OCATION (City, town, or county) / (State)					
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	NAME OF CEMETER	RY OR CREMATORY 24D. L						
SEP 23 932 Huntington Will	St. Mary8s (	RY OR CREMATORY 24D. L	Wilkes Barre Penna.  ADDRESS  ADDRESS					



#### BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
-	NAME OF D	ECEAGED .				Lo Date	
(T	'ype or Print)	Teorge	e John	son Ritchie	Banks	OF DEATH SEGS	121/52.
A.		City, Maryland 5.		remont an	4. USUAL RESIDENCE (	Where deceased lived, If f	nstitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	of (If not in hospit	/	on, give street address or location)		If outside corporate limits	
	9	ur v	ome		Baltimore	City 2	7-10 township)
C.	Length of s	stay in Baltimore	5	Yrs. Mos. Days	J. STREET ADDRESS (I.	f rural, give location)	
AND DESCRIPTION OF	SEX	6. COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Under I Year   If Under 24 Hours
3	emale	While	WI	ED, DIVORCED (Specify)	May-23-1876	last birthday) Mor	ths Days Hours Min.
10 worl	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
13	FATHER'S		14	me	14. MOTHER'S MAIDEN	ryland	4.8.4.
		John !	Ritche	i	Betty Man	lsby	
(Ye	s, no or unknown)	1A	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS
-	no	None		ripri	In. Dames	0001/33/DL	sumont UK
		13× 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION		H	to -in Asta:	- land	_
	heart failt	s not mean the mode care, asthenia, etc. It mea	f dying, e.g ns the disease	CEAS	tousive Afterior	isease with	2
	injury or	complication which o		Deco h	pensation.	ייים בייים	
7		ANTECEDENT CAUS	ES	453			
TION	DISEASE	S OR CONDITIONS, I	ANY, GIVIN	(B) G	***************************************	***************************************	****
ATI	UNDERLY	THE ABOVE CAUSE (A)	STATING TH ST.	E DUE TO			
O				(C)	***************************************	••••••••••••••••••	
ERTIFIC		11		CELEL	orth sclero	272	
8		GIGNIFICANT CONDI					
CE		ISEASE OR CONDITION			tic Circhos	43	
AL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City, g	
Ш	CAUSE OF	DEATH					
	OF INJURY	(Month) (Day) (Year)	W	HILE AT NOT WHILE		RY OCCUR?	*
	22. I herch	y certify that I att	m.	deceased from	ay 147 10 3	Sept. 1944	that I last saw the
				and that death occur	red at 90. m. from	the causes and on th	
	23A. SIGNA				3B. ADDRESS		23c. DATE SIGNED
	wa	. K. Jan	mer	1 7 M. D.	501 DUELIG	an Auc.	3001.22,1917
TIC	N REMOVAL	Specify)	- lara	4c. NAME OF CEMETE	RY OR CREMATORY 24D. I	Balt.	or county) (State)
	Burial ATE RECEIVE		S SIGNATU	RE	25. FUNERAL DIRECTOR	sucumore,	ADDRESS
	DCAL REGIST	TRAR 1	ton W	lliams M.P. B	turnel & many	1/2 108/	1. Harth Am
7	VS 150		100	, my 300	ever i ijowa	D. A	"House ord.
	VS 150	0		9 5 2 0	00875	? lety ?	1.
_			and the second				





BALTIMORE CITY HEALTH DEPARTMENT 8766 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EIGEL ORRIS JEPT. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MaRYLANG HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4312 GROUF LANG SALTO D. STREET ADDRESS (If rural, give location) Yrs. Mes. 4312 GROVELAND Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. MALE 7-11-1901 MARRIED 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CLAIM AdjusTER 11 USS19 13.+0. 18. R U.S. 9. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IUBIN SEIDEL RUMA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. GOLDIE B. SEIDEL SAME 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e, g,... heart failure, asthenia, etc. It menns the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from\_ . 19 . that I last saw the deceased alive on 9/3 2 \_\_ 195 and that death occurred at Am., from the causes and on the date stated above. 23c. DATE SIGNED 16 6.114 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 9-23-1952 HERRIN UN DaLTO. SURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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#### BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF ELIJAH **JENNINGS** DEATH September 21, 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF "f not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1601 E. Preston Street c. Length of stay in Baltimore Days 5. SEX SINGLE, MARRIED, 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. Male Colored 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Worker 13. FATHER'S NAME 4. MOTHER'S MAIDEN MILL (M 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-RTI TRIBUTING TO THE DEATH. BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING Y OR CONTRIB-UTING | CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? North Point Road & Moffet Avenue Road 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) Sept. 21 WHILE AT NOT WHILE X Passenger in auto which hit electric pole Pm. WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and dcath in my opinion resulted from: natural causes  $\Box$ , accident  $\boxtimes$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION REMOVAL (Specify) 24B, DAT NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

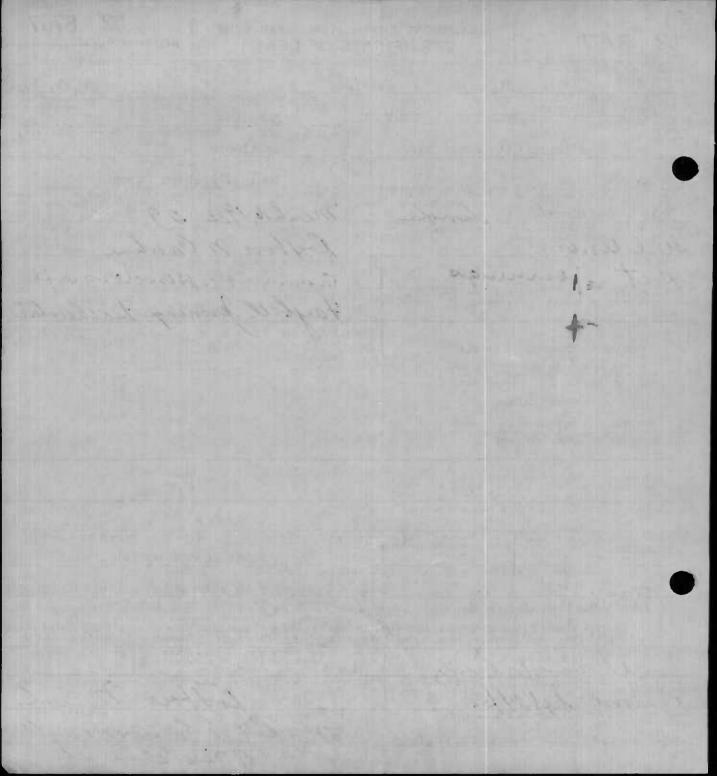
25. FUNERAL DIRECTOR

151

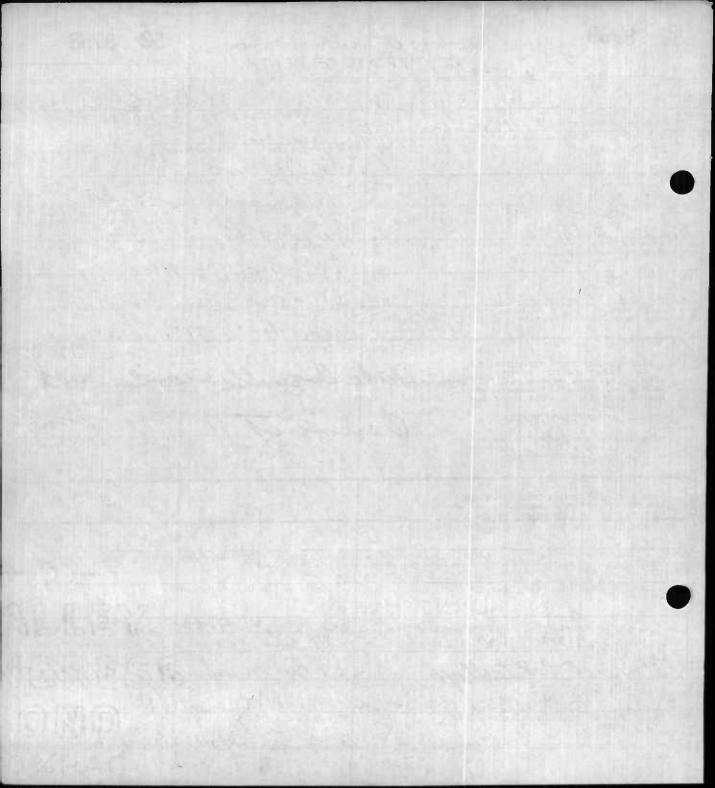
DATE RECEIVED BY

LOCAL REGISTRAR

REDISTRAR'S SIGNATURE

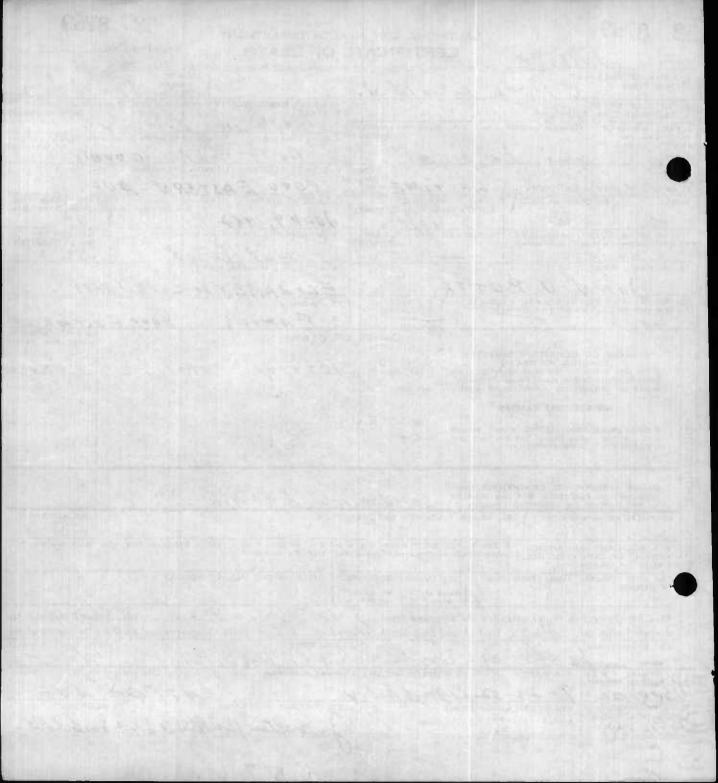


# 6758 BIRTH NO. H 1030 52		EALTH DEPARTMENT E OF DEATH	52 8768 Registered No.
1. NAME OF DECEASED (Type or Print)	1-04-1	2	2. DATE OF COLUMN
3. PLACE OF DEATH:  A. Baltimore City, Maryland // B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	19W. Law Vale St. or institution, give street address or location)	Mary land	re deceased lived. If institution: residence B. COUNTY before admission tside corporate limits, write RURAL and given township
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE	Yrs. Mos. Days	Daltimore D. STREET ADDRESS (If run 1719 W. Lan Va	al, give location) Le Street 16-0:
Male Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  10B. KIND OF BUSINESS OR	8. DATE OF BIRTH  9  11. BIRTHPLACE (State or foreign)	AGE (In years of fluider I Year of the Park of the I State of the
work done during most of working life, even if retired)  13. FATHER'S NAME	INDUSTRY	Baltimore, M.	4 ryland WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED E (Yes, as or unknown) (If yes, give war or dates o	FORCES?   16. SOCIAL f service)   SECURITY NO.	Sallie mue he	haughlin ADDRESS
18. 57/.0	CAUSE	Thomas Hardy 1:	7/9W. Wan Vale St. INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DELEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	dying, e. g., (A)	Enjentle "	Danier 44A
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STATES	S (B) Char	ratuf	7-m
UNDERLYING CONDITION LAST	TATING THE DUE TO		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NO TO THE OISEASE OR CONDITION CO	OT RELATED		
19a. DATE OF OPERATION   19a	MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (HINJURY	Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE AT WORK		CCUR?
22. I hereby certify that I attended alive on 9.22, SIGNATURE	1952, and that death occur	74, 1957, to 9.3 red at 7.30Am., from the of	, 19 <b>5</b> , that I last saw the causes and on the date stated above.
24A. BURIAL, CREMA- 24B, DATE TION_REMOVAL (Specify)	M. O. S	58 me much	23c. DATE SIGNED 2/2/5 ATION (City, town, or county) (State)
Durial Sept. 23/ DATE RECEIVED BY REGISTRAR'S	452 Mt. Huburn	Cemeter Duit	more, Nd.
- Justiniko	NH	Innual PN	201 200 00 11 851



52 8769 / S A BALTIMORE CITY HEALTH DEPARTME	
BIRTH NO. 5 6-15599 CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) BUTTA Ponale V.	2. DATE OF DEATH 9/2 2/52
A. Baltimore City, Maryland	CE (Where deceased lived, If institution : residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  (If not in hospital or institution, give street address or location)  C. CITY OR TOWN	(If gotside corporate limits, write RURAL and give township)
Yrs. Mos.	(If rural, give location)
c. Length of stay in Baltimore    C. Length of stay in Baltimore   C. Length of stay in Baltimore   C. Length of stay in Baltimore   Days   South of Birth	9. AGE (in years II Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work ing life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State in the business of line in the business of line in the business or line in the business of line	te or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIN	I/Q M Q V.S. A
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT	STHC. MURRAY
(Yes, no or toknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	V 8000 FOSTER
18. CAUSE OF DEATH	INTERVAL BE VEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Dakelysis Sodays
ANTECEDENT CAUSES	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED DOMINEROTION AND	MIRI
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2 14 ACCIDENT WAS LINDER.   218. PLACE OF INJURY (e.g., in or   21c. WHERE DID	(If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. HOW DID IN WHILE AT WORK AT WORK	NJURY OCCUR?
22. I hereby certify that I attended the deceased from 9 1, 1952, t	to 9/22, 19VZ that I last saw th
deceased alive on 1/2 1, 19 5 and that death occurred at 3 6 m., fr	rom the causes and on the date stated above 23c. DATE SIGNED
(sol ) mem. D. Siani Hos	PITAL 19/22/52
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	AD. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC	TOR ADDRESS
SEP 23 1932 Tuntington Wallaurs, M.P. J. Halter	Couldin 2343 Hayford Rd.
VS 150	
1 7 5 2 6 0 6 7	6.4

correct age is especially

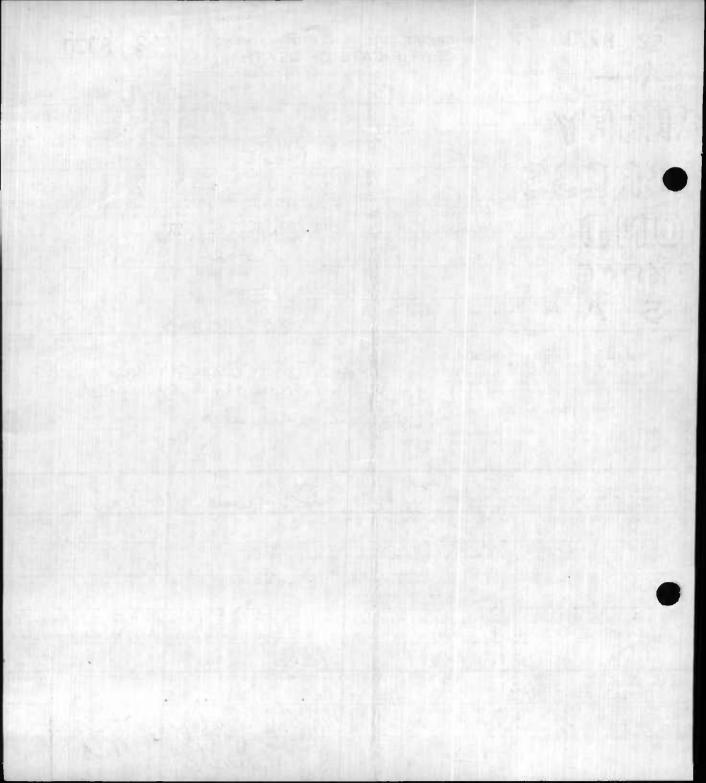


52 8770

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 770

011									
1. NAME OF DECEASED (Type or Print) Stella Cammarata   2. DATE OF OF DEATH 9/22/52								22/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (W	here deceased lived. I	f institution: residence before admission)	
	FULL NAME O	)F	(If not in hos	pital or institu	tion, give street address or location)	1 CL	Dall	0 15-12	
INSTITUTION Merces Hosp.						c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs.						D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore  Mos. Days						3826 Cottals Cers. #15			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.						8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours	
WIDOWED, DIVORGED (Specify)						Cant 07 7000	last birthday) N	Ionths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR						Sept. 27. 1880	reign country)	1 12. CITIZEN OF	
rork done during most of working life, even if retired) INDUSTRY								WHAT COUNTRY?	
Houseurft at home						Itale, WAR COUNTRY			
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME			
James Centineo						Rose Catanese			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO						17. INFORMANT		ADDRESS	
( 2 00	***	(	-, give war or u	acce of service)	SECURITY NO.	HOTP. NOP	0000.		
18. 58 4 X . CAUSE OF DEATH INTERVAL BETW									
	0								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							3 111 28	
		(This does not mean the mode of dying, e.g., (A)							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  LEADING TO DEATH  (A) Cholory the Cleolory Cerebras Sules Sule								
	8								
z	ANTECEDENT CAUSES (B) Billery Oblivection								
NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
A	UNDERLYING CONDITION LAST.								
2					(C)			••••••	
			11						
<u>n</u>	OTHER SIGNIFICANT CONDITIONS CON-					1 A. D. 1: C. C.	111/2001	. 7	
IJ.	TO THE DISEASE OR CONDITION CAUSING IT.					railes; splenic	ugarcu	eri	
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA						· ·	20. AUTOPSY?	
₹	2							YES NO	
DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in or ) 21C. WHERE DID (If in Baltimore City, g							give exact location)	
ш	LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?								
Σ	21p. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?								
	INJURY WHILE AT NOT WHILE								
	m.   work   AT WORK								
	22. I hereby certify that I attended the deceased from lieg. 24 , 1952, to SERT. 22, 1952, that I last saw the								
	deceased alive on 22, 1912, and that death occurred at 220. m., from the causes and on the date stated above.								
	7.					38. ADDRESS		23c. DATE SIGNED	
	Gree	wi	505 ()	1.100	VEL M.D.	Mercy 1 tos	P.	9/22/52	
24	A. BURIAL, C N. REMOVAL (St	REMA-	24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 240. LO	CATION (City, tow	n, or county) (State)	
110	Buria		9/25/	52	New Cathedra	al Cem. Balabo	., Md.		
DA	TE RECEIVED		REGISTRA	R'S SIGNAT		250FUNERAL DIRECTOR	0	/ ADDRESS	
	CAL REGISTS		# 1	instor	Vellaus- My	1/1/200	langer 14	+ Xman	
2	- P / 3 19	7	Humi	7		am 1	NUVUSU	100	
	VS 150		BOLEVER W. Y.	0		0 1/10/8 3	1	11/1.	
					0 5	- Valle	NO 17,		
							1.		



#### BALTIMORE CITY HEALTH DEPARTMENT

52 8771 gistered No.

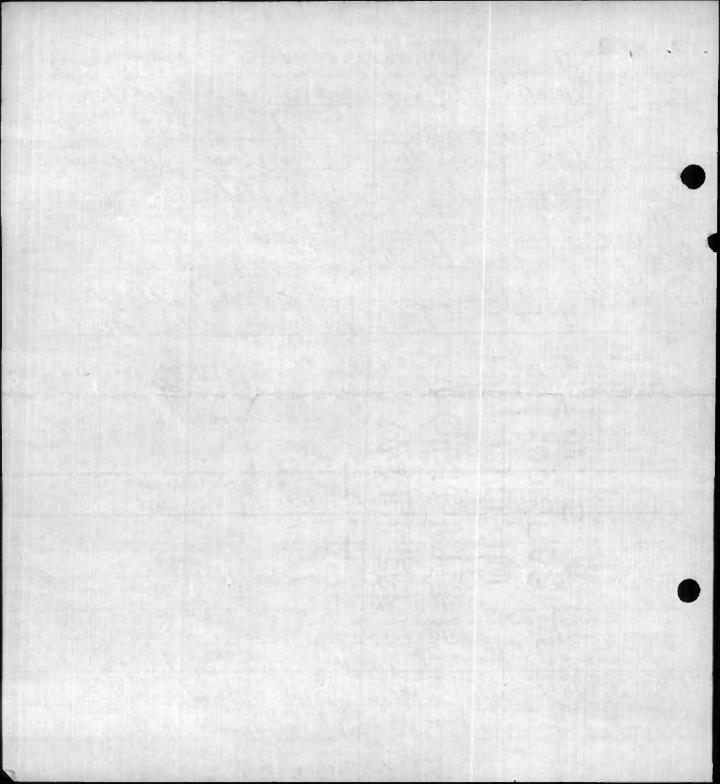
В	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	E RUFE AUSTIN		2. DATE OF DEATH 9-22	· # 2
	PLACE OF DEATH: Baltimore City, Maryland	ASTE MOSTING	4. USUAL RESIDENCE (VA. STATE		itution: residence before admission)
H	FULL NAME OF (If not in hos OSPITAL OR ISTITUTION	spital or institution, give street address or location)		f outside corporate limits, w	
		LHOSPITAL	BALTIMERE	12-9	township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2916 BEEC		ejt.
5.	SEX 6. COLOR OR RAC	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	1 1 Year U Under 24 Hours B Days Hours Min.
	DA. USUAL OCCUPATION (Give kind k done during most of working life, even if retir		11. BIRTHPLACE (State or f	oreign country)   12.	CITIZEN OF WHAT COUNTRY
4	10038 WIFE	WD031K1	Philadel phi	a, Pa. L	1200
	. FATHER'S NAME	ICE	14. MOTHER'S MAIDEN N	AME	
15 (Y	5. WAS DECEASED EVER IN U. S. ARM 2. DO OF OCKOOWD) (If yes, give war or d	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS
1	10	none none	Hospital Records		
	18. 420.0 I		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITIO  LEADING TO DI  (This does not mean the mod	EATH	terroclisat	i heart	
	heart failure, asthenia, etc. It n injury or complication which	means the disease,	dever		
	ANTECEDENT CA	USES			
O.	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (				
CAT	UNDERLYING CONDITION	LAST.			
RTIFICA	11	(C)		•••••	
Ш	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BI	UT NOT RELATED	emoria		
L	19A. DATE OF OPERATION		RATION		20. AUTOPSY?
N O			Loss WHERE DID	Is in Delainon City since	YES NO
EDICA	HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City, give	exact location)
7	21D. TIME (Month) (Day) (Ye	ear) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I c	attended the deceased from 4 -		-22 , 1952 tl	
	deceased alive on 4-22		rred atm., from t	the causes and on the o	late stated above
	Auchya		Churce Marie	wal Totosp	9/22/52
2 TI	4A. BURIAL, CREMA. 248 DATE ON, REMOVAL (Specify)	E 24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, fown, or o	(State)
_	Removal 9/23/5			hiladelphia, Pa	DDRESS
SE	ATE RECEIVED BY REGISTRA	tinston Williams. M.J.	25. FUNERAL DIRECTOR	lenor & Son	NO

VS 150

Patto 17, md.

SIM	.300			1	
-	בס פויזייס	BALTIMORE CITY H	EALTH DEPARTMENT		
	52, 8772 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	97772
	1. NAME OF DECEASED (Type or Print)	Hillis 100	yd.	2. DATE OF DEATH OF DEATH OF	20 1952
	a. Baltimore City/Maryland	1	4. USUAL RESIDENCE (Who	ere deceased lived. If inst	beford admission)
	B. FULL NAME OF What in Mental or is HOSPITAL OF THE CONTROL OF TH	institution give street address of location	c. CITY OR TOWN (If our	atside corporate limits w	rite RURAL and give township)
region	c. Aength of stay in Paltimere	Yrs.  Mos. Days	D. STREET ADDRESS (If you	ral, give location)	53-00
Samo	nale White is	SINGLE, MARRIED.		9. AGE (In years last birthday) Months	r I Year If Under 24 Hours S Days Hours Min.
) is	work agheduring most of working the every fretired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHEYACE State or fore	ign eothtry) 12.	CITIZEN OF WHAT COUNTRY?
nearth	Me Hills Doye	d.	Elizabeth	F. Dun	away
TO SES	15. WAS BECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	vice) 16. SOCIAL VICE) SECURITY NO.	MIS. John H. Mu	llard 388.	3. Oak are
Can	18. 350 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
arra ente	DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A)	y Paralysis	s cyitaus	1040
W 200	ANTECEDENT CAUSES	ar	teriosclero	0,05	10 400
5,	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
	ONDERETHING CONDITION EAST.	(C)			
200	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT I	RELATED TO THE TI	zed erterio o relavotic u	sclarusis lcars	
		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	21A. ACCIDENT WAS UNDER- 21	- 50 4 65 65 44 44 44			YES NO
311	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INJURY (e. g., it bome, farm, factory, street, office bldg.,	otc.) 21C. WHERE DID (If i	in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK		OCCUR?	
	22. I hereby certify that I attende		A -4 - 400 FB	1. 20, 19 57,0	hat I last saw the
	deceased alive on 9 115 19.	and that death occur	rred at 5 m., from the	causes and on the c	date stated above.
	23A SIGNATURE	mo.	11 C4 . 2 9 94	St. 19	3c. DATE SIGNED
	24A GURIAL, CREMA- 24B. DATE TION REMOVAL (Sylecify)	152 NOOCLAWY	RY OR CREMATORY 340 LOC	ATION (City, 154n, of a	County) (State)
-	DATE RECEIVED BY REGISTRAR'S SICLOCAL REGISTRAR FD 2 3 1053	110	Mollis Lamorean	. 4510 Liberty	Hyds are
	VS 150	5 390	968762		
			0 / 0 /		

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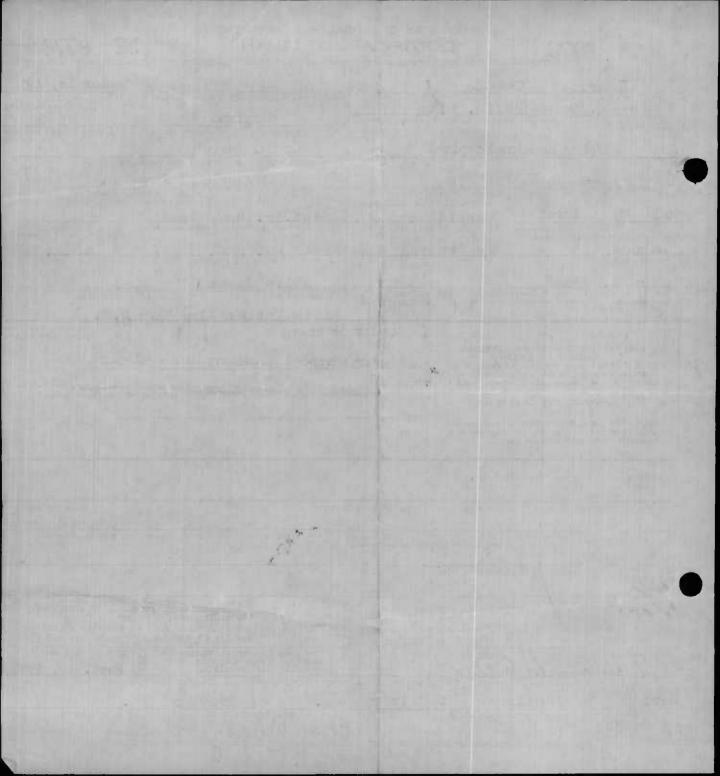


Inysicians: please write the causes of death clearly and legibly.

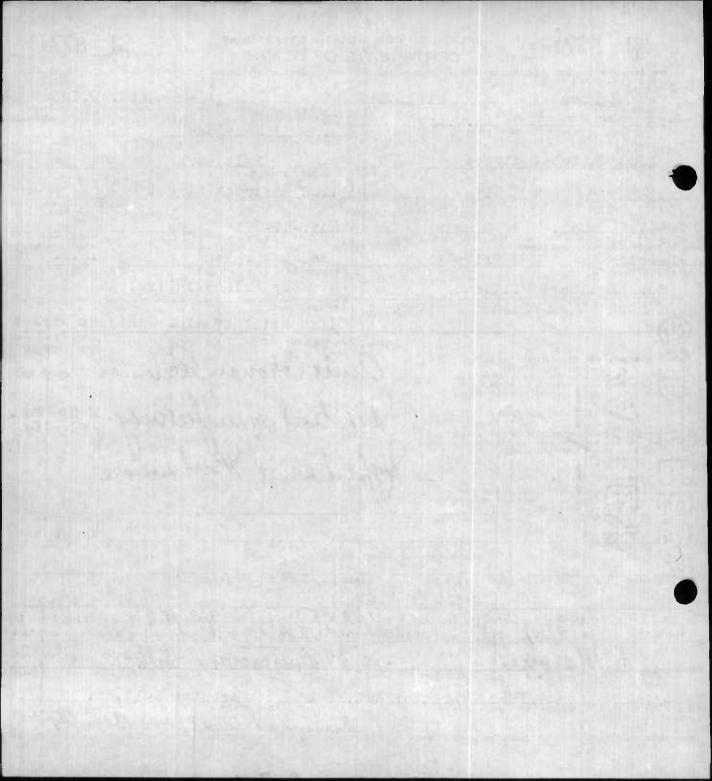
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 81773

	-			
1	1. (T	NAME OF DECEASED  ype or Print Charlie) CHARLES JONES	2. DATE OF DEATH September	or 18 1952
	٥.	PLACE OF BEATH:	4. USUAL RESIDENCE (Where deceased lived. If inst	itution : residence
		Baltimore City, Maryland Balto, City  FULL NAME OF 'f not in hospital or institution, give street address or	A. STATE B. COUNTY Maryland	before admission
	H	OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
		Johns Hopkins Hospital	Baltimore	
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	(-10)
0	-	Length of stay in Baltimore 35 Yrs Days SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	1104 Orleans Street 8. DATE OF BIRTH 9. AGE (In years) # Under	I Year   If Under 24 Hours
1		Male Colored Warried (Specify)	Sent. 19.1897 55	Days Hours Min.
2	10	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY)		CITIZEN OF
3		Laborer In General	Green Co. N.C.	J.S.A.
	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		John P. Jones	Allie Jones	
4	(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or nnknowo) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS
2	-	No I	Patie Parker Pine Top N.C.	Interval permen
			OF DEATH	ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	advanced pulmonary tuberculosis	
		(This does not mean the mode of dying, e.g., (A)		
		ANTECEDENT CAUSES		
	-	(8)	***************************************	
	ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
4	AT	UNDERLYING CONDITION LAST.		
	RTIFICATION			
	RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
	CE	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
	AL			YES X NO
	U	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		exact location)
Los	ED	UTING   CAUSE OF DEATH.		
		215. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRINJURY OF INJURY  m. WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
		22. I certify that I took charge of the remains described a	bove, held an Partial Autopsy t	hereon and fron
2		the evidence obtained by said Autopsy, Inspection or 1	Autopsy, Inspection or Inquiry	
		and death in my opinion resplied from: natural eauses		
		23A. 9GNATURE	ASSISTANT MEDICAL EXAMINER 23c, I	DATE SIGNED
0	24		.D.   MEDICAL INVESTIGATOR	t. 19. 1952 county) (State)
3		Burial 9/23/1952 Mt Calvery		
	DA	TE RECEIVED BY   REGISTRAR'S SIGNATURE		DDRESS
	5	252 23 1952 Huntington Ville week, mg	Elioy Wilson 1007 Beaut	the aut
1	V	S 151 - 970 96	708765	0
			U	



52 8'X7A W	SALTIMORE CITY HE		Registered No_	8774
I. NAME OF DECEASED (Type or Print)	Williams		2. DATE OF Sent 20	1459
Baltimore City, Maryland B	williams alto.City	4. USUAL RESIDENCE (Wh	B. COUNTY	
HOSPITAL OR INSTITUTION	d or institution, give street address or location)		atside corporate limits, wr	ite RURAL and give township)
1102 Whatcoat S	Yrs. Mos.	D. STREET ADDRESS of ru	ral, give location)	16-00
c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In year   Munder last birthday) Months	
Remale Collina USUAL OCCUPATION (Give kind of ork donoduring most of working life, even if retired)	Single 108. KIND OF BUSINESS OR INDUSTRY	Nov17-1912	eign country)   12	CITIZEN OF WHAT COUNTRY?
Domestic 13. FATHER'S NAME	Private	Relay Marylan	id   U	.S.A.
Joseph Albert Wi		Mary Prisce	ella Ireland	FCC
Yes, no or unknown) (If yes, give war or dates		Eliza Williams	1102 Whatco	
DISEASE OR CONDITION  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with complication which complication with complication which complication with complication with complication with complication with complication with complication with complication which complication with com	f dying, e. g., ns the disease, aused death.)  SES  F ANY, GIVING STATING THE IST.  CC)  TIONS CONNOT RELATED	litral Insujentement His	fecising irt Sharase	2 yrs 7 mo- 2 squy
	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (o. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour)   21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I hereby certify that I att deceased alive on 1/20/	, 19.2 and that death occu	rred at 10 A m., from the 23B. ADDRESS	e causes and on the d	Sc. DATE SIGNED
	62 Arbutus Mem	Park Arb	utue Balt.Md	DRESS.
VS 150	5 720		n 1000 Bu	my m



VS 150

#### VMC-159416 52 8775 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8'775

BIRTH NO.	CERTIFICATI	E OF BEATH		
1. NAME OF DECEASED (Type or Print)			2. DATE	
Issac 510an			OF DEATH 9-22-54	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	There deceased lived. If inst	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institut	ion, give street address or		J. 0001111	before aumission)
HOSPITAL OR Baltimore City Hos			cutside corporate limits, w	
4940 Eastern Ave.		Baltimore	122-	O / township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	14.
Length of stay in Baltimore	30 yrs. Mos. Days	139 W. Hull S	t 3	illast
5. SEX   6. COLOR OF RACE   7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Unde	or I Year   If Under 24 Hours
M N Sep.	VED, DIVORCED (Specify)	Jan. 27, 1888	last birthday) Month	Days Hours Min.
10A. USUAL OCCUPATION (Givekinder 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		. CITIZEN OF
vork done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY
13. FATHER'S NAME		S. C.	AME	
Gabriel Sloan				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Jane Walker		
(Yes, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDI	
		Records: B. C. H.	. 4940 Eastern	The second secon
18. 443X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Careh	ral vascular accid	lant	2
This does not mean the mode of dying, e. g	g., (A)	rai vascular acci	len t	·
heart failure, asthenia, etc. It means the diseas injury or complication which caused death				
ANTECEDENT CAUSES	· Hunes	rtensive heart dis	140.64	2
	(B)	rocusive near our	36026	2yrs
DISEASES OR CONDITIONS, IF ANY, GIVEN	NG HE DUE TO			***************************************
UNDERLYING CONDITION LAST.		lized arterioscles	rosis	7
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(6)			
IN TRIBUTING TO THE DEATH, BUT NOT RELATE	ED .			
TO THE DISEASE OR CONDITION CAUSING I		AZION	••••••	Loo Autorous
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
U 21A. ACCIDENT WAS UNDER: 21B. PL/ LYING∏ OR CONTRIBUTING☐ about home,	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City, give	exact location)
LYING OR CONTRIBUTING about home,	farm, factory, street, office bldg.,			,
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	A OCCUP?	
F INJURY	WHILE AT NOT WHILE		OCCONT	
ni. Work AT WORK				
22. I hereby certify that I attended the	deceased from 5-	24, 1952, to	7-22- , 1952, t	hat I last saw the
deceased alive on 9=22-, 1952.	and that death occur	rred at 1.15A m., from t	he causes and on the c	date stated above
23A. SIGNATURE		23B. ADDRESS	2	3c. DATE SIGNED
42 Jahrelled	M. D. 1	4940 Eastern Ave.		9.22.52
24a. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
Burel Sept 25-52	mx. 3c	on o	Buts	
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	4 2	25. FUNERAL DIRECTOR		DDRESS
SFP 22 1000 Huntington	Velliams- M.J.	James ast	win 638h	.9 chun S
The state of the s				

SAN DESCRIPTION OF STREET STREET 

240					
52 8776 BAI	CERTIFICATI	EALTH DEPARTMENT	Registered No	8776	
1. NAME OF DECEASED WILLIAM (Type or Print)	GEORGE SIEGEL		2. DATE Sept.	19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 513 N. Bo B. FULL NAME OF (If not in hospital or institute)	ouldin St.	4. USUAL RESIDENCE (\) A. STATE  Md.		stitution: residence before admission)	
HOSPITAL OR INSTITUTION	location)	Balt	TIMOTO	write RURAL and give township)	
c. Length of stay in Baltimore  11. 5. SEX   6. COLOR OR RACE   7. SINGL	204331		N. Bouldin St.		
male white WIDOV	E. MARRIED, WED, DIVORCED (Specify) Married	April 18, 1890	62	hs Days Hours Min.	
10A. USUAL OCCUPATION (Givekindof orekdoneduring moetof working life, even if retired) Painter  13. FATHER'S NAME	Busky & Son	Baltimore, Md.		U.S.A. COUNTRY?	
Frederick W	9	14. MOTHER'S MAIDEN N Anna	Tussman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 212-01-4666	Mrs. Mary V. Sie		ORESS OVE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Acute myscardial infarction 20 minut  (B) Arterioscleratic Cardio-vascular 7 yrs  (B) Arterioscleratic Cardio-vascular 7 yrs  (C)					
OTHER SIGNIFICANT CONDITIONS COIL TRIBUTING TO THE DEATH, BUT NOT RELATION TO THE DISEASE OR CONDITION CAUSING	ED				
No.	R FINDINGS OF OPER			20. AUTOPSY?	
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)	
OF INJURY	WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?		
22. I hereby certify that I attended the deceased alive on 6-/2-, 1948,	and that death occur	red at 8 Pm., from t	the causes and on the		
Multon C. hang	м. р.	2117 Belaw K		9-23-52 r county) (State)	
248. DATE TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR  248. DATE Sept.23, 1952 REGISTRAR'S SIGNATURE.	Moreland Mem.	Park Taylo			
VS 150	56484	Schimunek Funeral 2601-3-5 E. Madi:	son St.		

a (2) , (2) , (2) (5) (5) State of Physics THE CONTRACT OF THE CONTRACT O District Annual State of S winds . while . I would . Why call . . The control of the . The state of the

BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE GENRGEK. GORSUCH (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Trs. o. STREET ADDRESS (If rural, give loca) ion Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 17. SINGLE, MARRIED, AGE In years | M Under | Year | M Under 24 Hours last birthday | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) married 59 10A. USUAL OCCUPATION (Give kind of 100 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF worldone during most of working life, even if retired) NDUSTRY archake Lem 13. FATHER'S NAME LECTIC PLANTIA. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give was or dates of service) 16. 505 IAL ADDRESS (Yes, ne-or unknown) SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH 140.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE/OF OPERATION 198. MAJOR PINDINGS OF OPERATION 20c. WHERE DID 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in of AC. WHERE DID about home, farm, factory, street, office bldg., son INJURY OCCUR? (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 1952 and that death occurred at 1/55 m from . 19 that I last saw the 22. I hereby certify that I attended the deccased from. deceased alive on\_ Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (City, town, or county (State) DATE RECEIVED BY LOCAL REGISTRAR VS 150

For statistical coding procedure we queried in order to determine the major or underlying cause of death —perforated gastric ulcer See Document file 52-8777 for query reply 10/2/52 ES

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8778

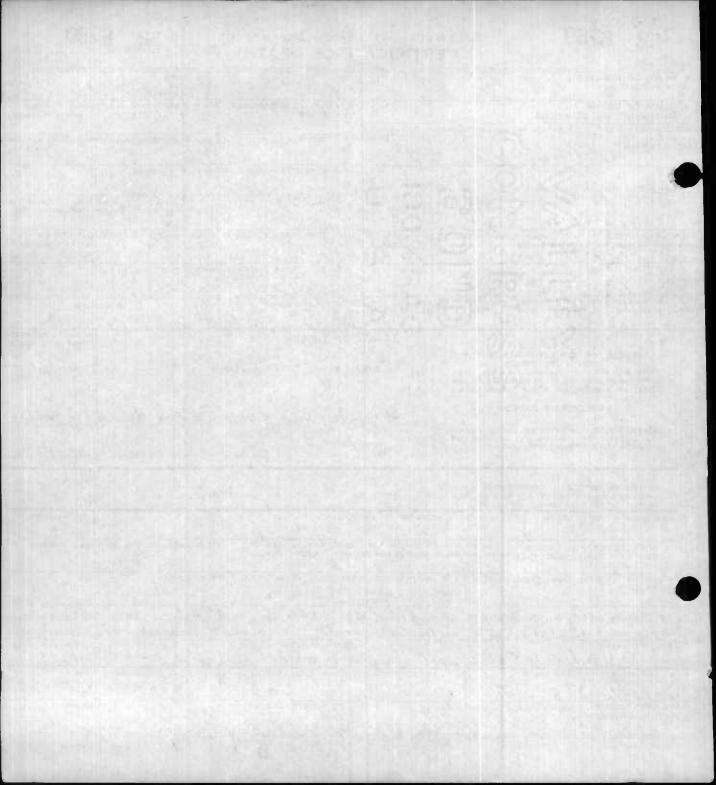
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	NO.	
1. NAME OF DECEASED (Type or Print)	ve Frederick Mav		2. DATE OF DEATH Sen	t. 20.	1952
a. Baltimore City, Maryland B		4. USUAL RESIDENCE (WI	nere deceased lived, I		residence re admission)
B. FULL NAME OF (If not in hospits	al or institution, give street address or	Md			
HOSPITAL OR INSTITUTION	location)	C. C.III OK TOWN (11 c	outside corporate lim	its, write RUI	RAL and give township)
3711 Egerto		Baltimore			
	Yrs. Mos.	o. STREET ADDRESS (If r		5-11	/
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE	4() Vears Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
Male White	WIDOWED, DIVORCED (Specify Married	July 22,1871	last birthday)		Hours Min.
10A. USUAL OCCUPATION (Give kind of york dooe during most of work log life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZI	EN OF
Secterary	B&O R.R.	Brooklyn New Y			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Thomas May		Mary Anne Gam	ote		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unkoowo) (If yes, give war or date	of service)  16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	1705-12-1494	4 Laura May 37	ll Egerto	n Road	
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication with the complex of t	raused death.) DUE TO  SES  F ANY, GIVING STATING THE OUE TO  ST. (C)		alala		199
TRIBUTING TO THE OEATH, BUT TO THE OISEASE OR CONDITION  19A. DATE OF OPERATION   1	CAUSING IT.	RATION		120 A	UTOPSY7
200	JE, MASON TINDINGS OF OFE	TATION .		YES [	No T
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBE LIGHT CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, fact, after bldg.,		in Baltimore City,	give exact l	ocation)
210. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURE WHILE AT ROT WHILE WORK OWORK	RED 21F. HOW DID INJURY	OCCUR?		
22. I hereby certify that Latt deceased alive on	and that douth occu	rred at 1 m., from th	e eauses and on	the date st	ast saw the ated above. TE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Sept. 23	3,1952 Woodlawn		CATION (City tow lawn Md.		(State)
	S SIGNATURE	Ellaumil	Dimace	ADDRESS	
SEP=2-9 1952	95	M600 Liberty H	eights Av	e.	

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11 -4 んん	X 59 01710				
BALTIMORE CITY HEALTH DEPARTMENT					
BIRTH NO. 52 - 9.3354 CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED	2, DATE				
(Type or Print) Zalewski	OF DEATH Sept. 21.1952				
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence				
A. Baltimore City, Maryland St. Agnes Hospital  B. FULL NAME OF (If not in hospital or institution, give street address or					
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
St. Agnes Hospital	Baltimore township				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
C. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	5404 Monthel Ave.   8. DATE OF BIRTH   9. AGE (In years)   It Under I Year   If Under 24 Hours				
Male White					
10A. USUAL OCCUPATION (GivekIndof 10B. KIND OF BUSINESS OR	Sept. 21 1952 9thr:				
work done during most of working life, even if retired) INDUSTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Andrew- Louis					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Dorothy Kolenda  17. INFORMANT ADDRESS				
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Day It . Roler &c.				
18. 760.0 CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	THE THE THE OWLDER SHET AND DEATH				
(This does not mean the mode of dying, e.g.,	eive & diffuse suborachnows				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Monorlage				
ANTECEDENT CAUSES					
Z (B)	lecting be.				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	0 - 011 1 4 0 44 6.01				
UNDERLYING CONDITION LAST, (C)	2 milprentition & Travel				
OTHER SIGNIFICANT CONDITIONS CON-					
O TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
21A ACCIDENT WAS LINDER   21B. PLACE OF INJURY (e.g., i	in or 21c. WHERE DID . (If in Baltimore City, give exact location)				
W CALISE OF DEATH	etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?				
OF INJURY  WHILE AT NOT WHILE  AT WORK  AT WORK					
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw th				
deceased alive on, 19, and that death occur					
23A. SIGNATURE 23C. DATE SIGNED					
M. O. Parales M. D.	st. Agres vocpital 1-22-52				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 242. DATE 24C. NAME OF CEMETE					
DATE RECEIVED BY I REGISTRAT'S SIGNATURE	25. FUNERAL DIRECTOR ACCRESS				
DATE RECEIVED BY REGISTRAR'S SIGNATURE HOCAD REGISTRAR Huntington Williams, M.T.	× 00 1+ 00				
	Clesworth Camagoo				
VS 150	4600 Suberty Heights Olive.				

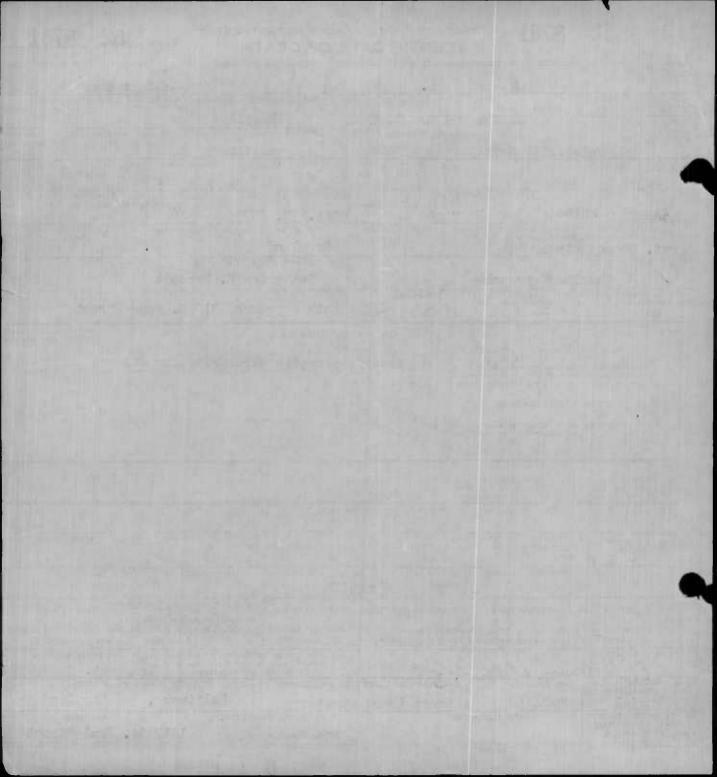
De- Wagner. Battinian [110]. Borothy Marithel Ci. deptates reodiane Modern Til Kommer) Sirusis Aboc Liberty Heapth Old

5-322	
52 8'780 BALTIMORE CITY HEALTH DEPARTMENT 52 87	80
BIRTH NO. CERTIFICATE OF DEATH Registered No.	/
1. NAME OF DECEASED (Type or Print) 2. DATE OF	12.
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If instit a. STATE B. COUNTY	ution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)   C. CITY OR JOWN   Alf outside corporate limits, wri	te RURAL and give
INSTITUTION PAUL LAURE TEASH - Ballunde 18-	3 3 township)
Yrs. D. STREET ADDRESS (If rural, give location)  Mos. Mos.	/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.   B DATE OF BIRTH   9. AGE (11) years   H Under	1 Year   If Under 24 Hoors
Mille Wille Wille MOTILE (Specify) Jan 23, 1887 63.	
10A. ISUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work of one during most of working life eyest fretired) INDUSTRY	CHIZEN OF
Model with as rower scorlingshore, will.	MO
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESSED (Yee, no of unknown) (If yes, give war or dates of service) SECURITY NO.	trucket.
	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Unulo 146
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES  (B) Hyperter Pive Randio - Vas. disland	geow.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give	. == ==
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK	
I her ook certify that I abboliated ble account of	nat I last saw th
deceased alive on celt 191,952 and that death occurred at m., from the causes and on the d	ate stated above
	ate stated above
Quarter long asello M.D. 900 W- Lombord of	SC. DATE SIGNED
24x. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or of the property	SC. DATE SIGNED
24x. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or of the property) 24D. LO	SC. DATE SIGNED
24x. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or of tigh, REMOVAL (Specify) 24/52 MATCH Civet General 2-130 Frederic	odt 22/52 podnty) (State)
24x. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or of the property) 24D. LO	odt 22/51 odnty) (State)



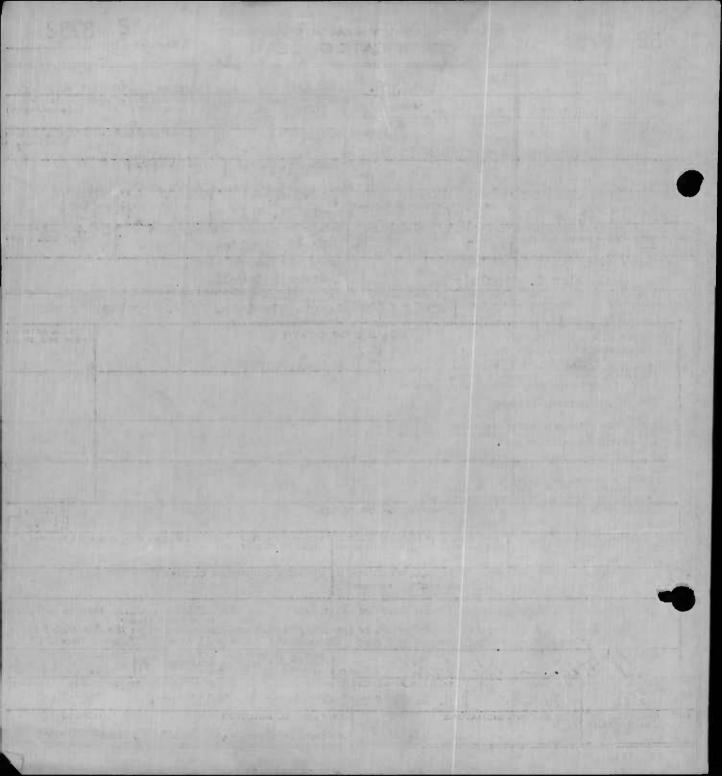
4-623 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 878 CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) CHARLES WEYRAUCH DEATH September 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stav in Baltimore 310 N. Paca Street Davs 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland House Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Weyrauch Catherine E. Mascott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Ruth Weyrauch, 310 N. Paca Street (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home farm factory street office bldg .. etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{N} \), accident \( \mathbb{I} \), suicide \( \mathbb{I} \), homicide \( \mathbb{I} \), undetermined \( \mathbb{I} \).

23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR ... 24A. BURIAL CREMA-244. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Baltimore. Mary Land burial Green Mount Cemetery DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street Non. Cooks. 151



	5-5	2 6 87820	ВА	LTIMORE CITY HE			2 8'782 ed No.
	NAME OF D	ECEASED.					
	Type or Print)	ECEASED		CHARLES G. S	SINCLAIR	2. DATE OF OF	ptember 21, 1952
	PLACE OF DE			Olling Co. C	4. USUAL RESIDE	ENCE (Where deceased live	d. If institution : residence
		City, Maryland	al or metitu	tion, give street address or	A. STATE	rvland B. COUNT	Y before admission
H	OSPITAL OR	0,		location)	C. CITY OR TOWN		limits, write RURAL and give
11		Maryland	General	Hospital	Bal	ltimore	township
				Yrs. Mos.	D. STREET ADDRE	ESS (If rural, give location	n)
		tay in Baltimore		Days		W. Preston Str	
	Male	6. COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED (Specify) 1gle	April 11, 1	last birthday	Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KINI	O OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
"01		i working ine, even it retired)	March 19	INDUSTRY	North Car	olina	WHAT COUNTRY
13	FATHER'S N	AME			14. MOTHER'S MA	IDEN NAME	
		Charles G. S	inclai		Leneta D	owell	
(Ye	S. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT Leneta Sinc	lair, 14 W. Pre	ADDRESS ston Street
	18. 52 4	X		CALISE	OF DEATH		INTERVAL BETWEE
CATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS OF CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	of dying, e. ns the disea caused deat.  EES  F ANY, GIVIESTATING T	se, h.) DUE TO (B)	stitial pneu	aonia	
ERTIFICA	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELAT	ED			
O B		F OPERATION 11		FINDINGS OF OPER	ATION		20, AUTOPSY?
1							YES X NO
EDICA	UNDERLYING	NAL CAUSE WAS G OR CONTRIB. AUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		ID (If in Baltimore Ci	ty, give exact location)
Z	21b. TIME ( OF INJURY	Month) (Day) (Year)	` ′	21E. INJURY OCCURRI		INJURY OCCUR?	
24 TIO	the cvi	dence obtained by ath if my opinion	said Autoresulted	remains described a opsy, Inspection or I from: natural causes  M 24c. NAME of CEMETE	nquiry, find that  2 ⊠, accident □, 23B. CHIEF ME ASSISTANT ME D. MEDICAL INVE	suicide, homicide	n the day stated above undetermined    23c. DATE SIGNED     Sept. 22, 1952     Own, or county) (State)
	burial	9/24/5		U. S. Nationa		Baltimore,	Maryland
	P 23 193	RAR III -	In 1111	JRE	Wm. Cook,	0	ADDRESS Paul Street

causes o death clearly and legibly.



52 8783 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8783 Registered No.

1. NAME OF DECEASED AUGUST KLETTE	PR 2. DATE OF 9-23-1852
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before ndmission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION S HAUBERT ST	BALTIMORE 24-01 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ingth of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1145 HAUBERT IT
MALE MALEW MARRIED (Specify)	AUG-8-1884 9. AGE (In years of Under I You lift Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MAINTANENCE MAN SUGAR REFIN	DALTIMOVE
KLEFTER	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. EVA A. KLEITER. 1145 HAUBERT ST
18. 16 × X CAUSE (	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. 7
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	umoma / Jung / 100.
injury or complication which caused death.) DUE TO	0
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
<u>o</u>	
OTHER SIGNIFICANT CONDITIONS CON.	. 0 0 0
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	sel arterior la min 19%.
194. DATE OF OPERATION () 198. MAJOR FINDINGS OF OPER	ATION 1 20. AUTOPSY?
	noma st. love love YES NO !
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baltimore City, give exact location) tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
, , , , , , , , , , , , , , , , , , , ,	-/ , 1951, to 9-23 , 1952, that I last saw the
	red at 6:30 Am., from the causes and on the date stated above.
M.D.	38. ADDRESS fortare, 23c, DATE SIGNED
24A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETER	2
BURIAL 7-LO -3 Holy (ROSS COM	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR  ADDRESS  The reaction of the state
SEP 22	Momas D. Kenny INE-1600 Hollins SI
V\$ 150/37/	/

HEERST KASTIERS THE PROPERTY 1000 187 97 1148 HAR GENT DI BALLMENE 1143 1146 3861 43 WHOS WEEKS MAKERED REES 1831 71 Commence file Server 2110 The There's KAG 110 C indeposes this timb theoster 11 we descent 13/2 0110 9-26-5- Kindness Complex bearing. Money & love y be leastelling

#### BALTIMORE CITY HEALTH DEPARTMENT

. 52 8784

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED. (Type or Print) Complete Ferrise	2. DATE OF DEATH SEALT, 2105 1959
3. PLACE OF DEATH: A. Baltimore City, Maryland \$ 83 Pelham Ove  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived if institution; residence A. STATE B. COUNTY before ndmission)
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
c. Bength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SHAGLE, MARKIED. WHOOWED, DHYORCED (Specify Wildow	8. DATE OF BIRTH 77 9. AGE (in years Index of Woods 1 Year Index 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Valantine Burkhauser	Mary der man
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	17. INFORMAND ALLIANS PERSON BY.
18. 420.0 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	erotic-heart duine
ANTECEDENT CAUSES	elmondry odemo 2 lis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
O CO	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	YES NO V
Σ	etc.) INJURY OCCUR?
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 20 deceased alive on 20 september 19 and that death occu	
23A. SIGNAURE M.D.	33 34 Kake Gere 23 Sept 52
BALTIAL SPENA 24B. DATE 24C. NAME OF CEMETE BALTIAL SPENA 24B. DATE 24C. NAME OF CEMETE BALTIAL SPENA 24B. DATE LONG REMOVAL (Specify)  BALTIAL SPENA 24B. DATE LONG REMOVAL (Specify)	demen Belair Rd (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE  CED 73 932 Huntington Williams M.	25. FUNERAL DIRECTOR ADDRESS LEO & Cook 1701:03 Westerson Park live
VS 150 19 5 2 0 0	
	8 / 7 9

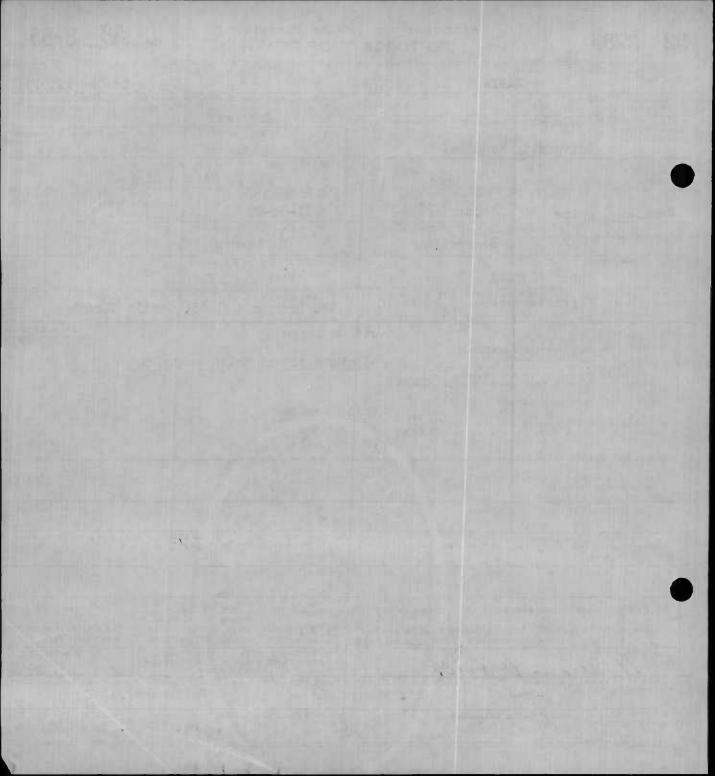
Wr. Mark 3234 Lake are on 7986

FO	OPPORT
59	8'785
1) [	0100
BIRTH	NO

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8785

B	IRTH NO.						
1.	NAME OF DECEASED  Type or Print)  M	ARIE	H. BROMER		2. DATE OF Septemb	per 22, 1952	
	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	(Where deceased lived, If ins		
	FULL NAME OF f not in hospi	tal or institu	tion, give street address or location)				
	ISTITUTION	77. 7 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
	University	Hospit		Baltin			
			Yrs. Mos.	D. STREET ADDRESS			
	Length of stay in Baltimore		Life Days		. Castle Street		
5.	SEX   6.COLOR OR RACE Female   White	WIDON	E. MARRIED. VED, DIVORCED (Specify) Tied	11-29-20	9. AGE (In years list birthday) Month	et l Year H Under 24 Hours ns Days Hours Min.	
10	A. USUAL OCCUPATION (Givekindel	10B. KIN	O OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)   12	2. CITIZEN OF	
WOL	k done during most of working life, even if retired	House	ewife INDUSTRY	Baltimo	re	WHAT GOUNTRY?	
13	3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	Adolf Elin	elei					
				Mary /			
(Ye	5. WAS DECEASED EVER IN U.S. ARME 6, no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Wm. Bromer	113 S. Castle Sti	reet	
	18. 773X		CAUSE	OF DEATH		INTERVAL BETWEEN	
		DIDECT		OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dving e.g., (A) Colloid cysts of third ventricle						
	(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e. ans the disea	se.	ra cysos or an	TIG ASHOLTOTO		
	injury or complication which caused death.)						
	ANTECEDENT CAUSES						
7	(B) Cerebral edema					*** ***********************************	
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE XXXXXXXX						
E	UNDERLYING CONDITION LAST. (C) Hydrocephalus						
O	(0)						
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-						
8	TRIBUTING TO THE DEATH, BUT						
CE	TO THE DISEASE OR CONDITION		FINDINGS OF OPER	ATION		20. AUTOPSY?	
	ISA. DATE OF OPERATION					YES X NO	
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	(c.) 21c. WHERE DID	(If in Baltimore City, give	exact location)	
-							
Σ	21D. TIME (Month) (Day) (Year OF INJURY	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	PAUL III	
		m.	WORK AT WORK				
	22. I certify that I took charge of the remains described above, held an Autopsy thereon and						
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abo						
	and death-in my opinion						
	23A. SIGNATURE	11/1				DATE SIGNED	
	11/weigna 1	1 Soun	M.	D. MEDICAL INVESTI	GATOR Sen	t. 23, 1952	
24	AA. BURIAL, CREMA- 248. DATE	-	24C. NAME OF CEMETER		D. LOCATION (City, town, or		
TI	AA. BURIAL, CREMA- 248. DATE DN. REMOVAL (Specify) 9-26-	.52	St. Stanis	laus	Baltimore , M	d.	
D	ATE RECEIVED BY   REGISTRAR	'S SIGNATI	(RF	25. FUNERAL DIRECTO		DDRESS	
LC	CAL REGISTRAR				, Inc. 403 S. We		
	SEP 23 195% / with	ngrove	remanna-, my		, 405 - 400		
V	* 151	U	-				



Mt Calvery

DATE RECEIVED BY

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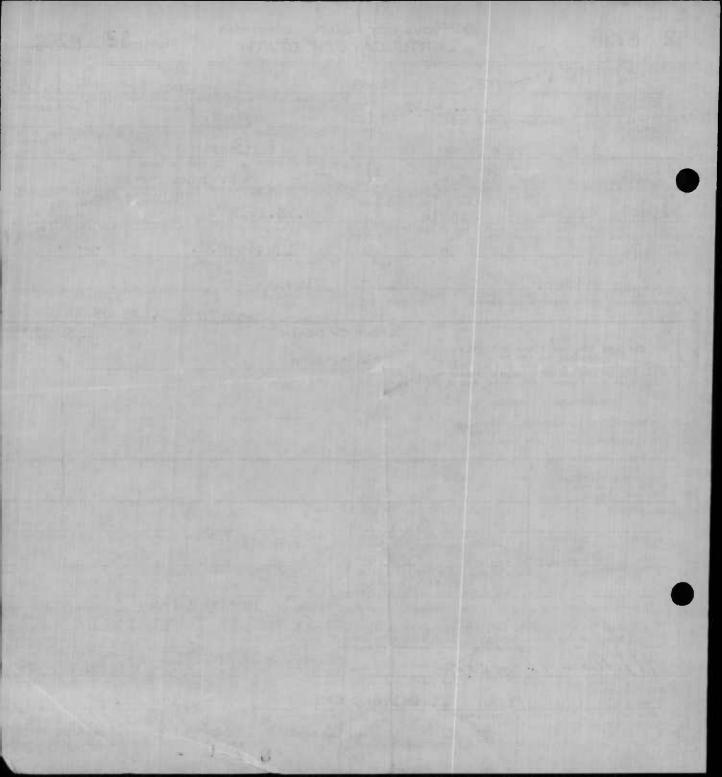
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Brooklyn Md.

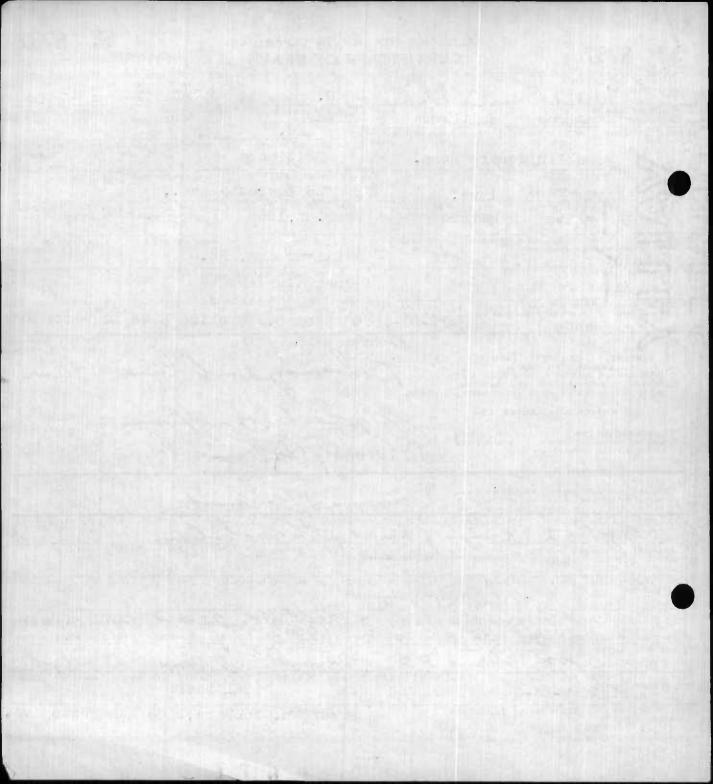
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 8'78



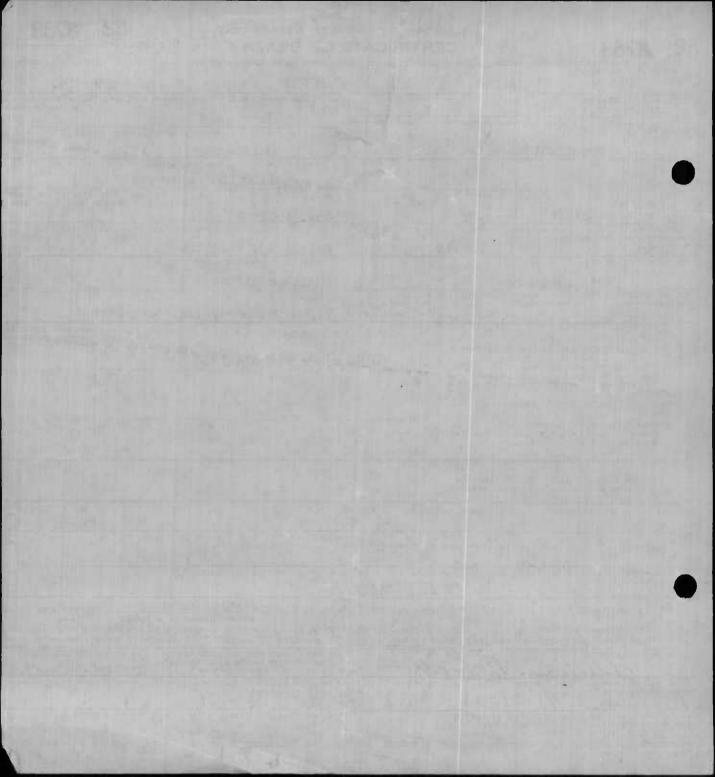
020	
מייט מייט מייט	ICATE OF DEATH  S2 8'787  Registered No.
1. NAME OF DECEASED (Type or Print)	22. DATE. OF 9-22-52
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street,	address or Md.
Franklin Square Hosp.	Baltimore 20 2 township)
ength of stay in Baltimore 1 wk.	Yrs. O. STREET ADDRESS (If rural, give location) Mos. Days 2726 Lauretta Ave.,
male white married warried	B. DATE OF BIRTH  O (Specify) Mar. 25, 1885  9. AGE (in years if Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of the local street) 10B. KIND OF BUSINES work doos during most of working life, even if retired) 1N	IDUCTRY - WHAT COUNTRY
Painter Self	Silver Run, Md.
Eli Warehime	Anna Yingling
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)  10. SOCIAL 21.2-01.	17. INFORMANT Pearl O. Warehime 2726 Lauretta Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Gulmonary embolian 30 sec By yo cardial Amenflicionery Coronary Osteriosclerosis
TO THE DISEASE OR CONDITION CAUSING IT.	reinoma of Slamach
194 DATE OF OPERATION 198 MAJOR FINDINGS	of OPERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, cause of Death	RY (e. g., lo or   21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (WHILE AT	OCCURRED 21F. HOW DID INJURY OCCUR?  NOT WHILE AT WORK
22. I hereby certify that Lattended the deceased from	
deceased alive on 22 deat 19.52, and that dea	ath occurred at 9.30 Am., from the causes and on the date stated above
23A. SIGNATORE	238 ADDRESS / SC / 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State)  Park Baltimore
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Howard Piritibard, 2503 Edmondson Ave
VS 150	
	42400700



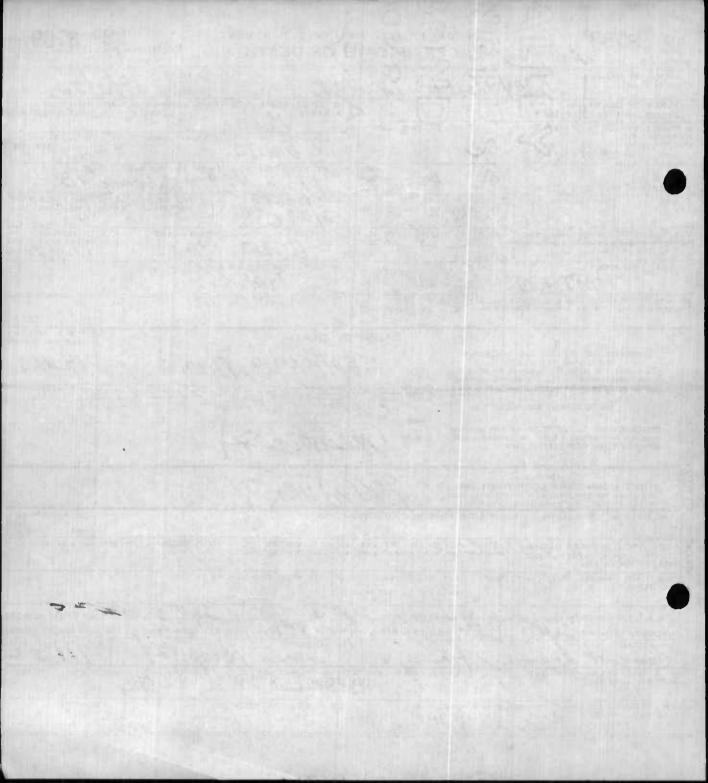
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8'788 Registered No.

-								
	NAME OF D ype or Print)		MES	RICHARD	CHA	AMBERS	OF Septe	ember 19, 1952
3.	PLACE OF DEATH:				USUAL RESIDENCE (V			
	A. Baltimore City, Maryland  B. FULL NAME OF Cot in hospital or institution, give street address or				- 1	Maryland		before admission,
	OSPITAL OR			location)	c.	CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give
4	16	Provident Ho	spital			Baltimor		O Cf whiship
				Yrs. Mos.	0.	STREET ADDRESS (If		
V-Sed-St-Public		tay in Baltimore		Days	1		den Avenue	
5.	SEX	6. COLOR OR RACE	WIDO	E. MARRIED. NED. DIVORCED (Specify)	)	DATE OF BIRTH	9. AGE (In years last birthday) M	H Under 1 Year   H Under 24 Hours onths; Days   Hours   Min.
10	Male	Colored	Sing			Nov. 1911	41	
wor	k done during most of	CUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY		BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
	Butcher		Pub	olic		Fairfield, Virg		U. S. A.
1.5	3. FATHER'S	NAME		(1)	14	MOTHER'S MAIDEN N.	AME	
		ewis Chambers			- 6	Sallie Hamilton		
	. WAS DECEASE e, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
				227-03-6472		Floyd Chambers,	1211 Reem S	Street
	18. 002	× .		CAUSE	OF	DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY					ONSE! AND DEATH
		LEADING TO DEA	TH	Dualma	onai	ry tuberculosis		
	heart failu	ı <b>re, a</b> sthenia, etc. It mea	ns the disea	se,	**********	······································	*******************************	080000000
	injury or	complication which	aused deat	h.) DUE TO				
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.							
CA	(C)							
L						TANK TO THE		
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED							
CE		F OPERATION   1		FINDINGS OF OPER	RATIO	ON		20. AUTOPSY?
L	134. 54. 5							YES X NO
CA	21A. EXTERN	NAL CAUSE WAS	218. PL	ACE OF INJURY (e.g., i	in or		f in Baltimore City,	
ā		G OR CONTRIB-	about Lome	farm, factory, street, office bldg.,	etc.)	INJURY OCCUR?		
ZE		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED	21F. HOW DID INJURY	OCCUR?	
	OF INJURY		-	WHILE AT NOT WHILE				
	22 1 acuti	for that I tools -1-	III. (	WORK AT WORK	- h	e, held an Partia	1 Autopsy	thousand form
						Autopsy,	Inspection or Inquiry	thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .							he day stated above	
		Jion.	11/2	MESS M	10	ASSISTANT MEDICAL	EXAMINER	Sept. 23, 1952
2	AA. BURIAL CON BEMOVAL (S	REMA- 248. DATE	UG	24C NAME OF CEMETE	RYC	REMATORY 240. L	OCATION (City, town	(State)
TH	Der &		152	MIT C	A.	1/200	K300to	. Mo
0	ATE RECEIVE		SIGNAT	URE.	25.	FUNERAL DIRECTOR		ADDRESS
LO	CAL REGIST	RAR	nator	11/11.		0/1/	litt	01810
-		9521 June	7	Wallesus- M.F.	-	4 100	and the	7 60
IV	S 151		9	6446A		12870	4	foul are

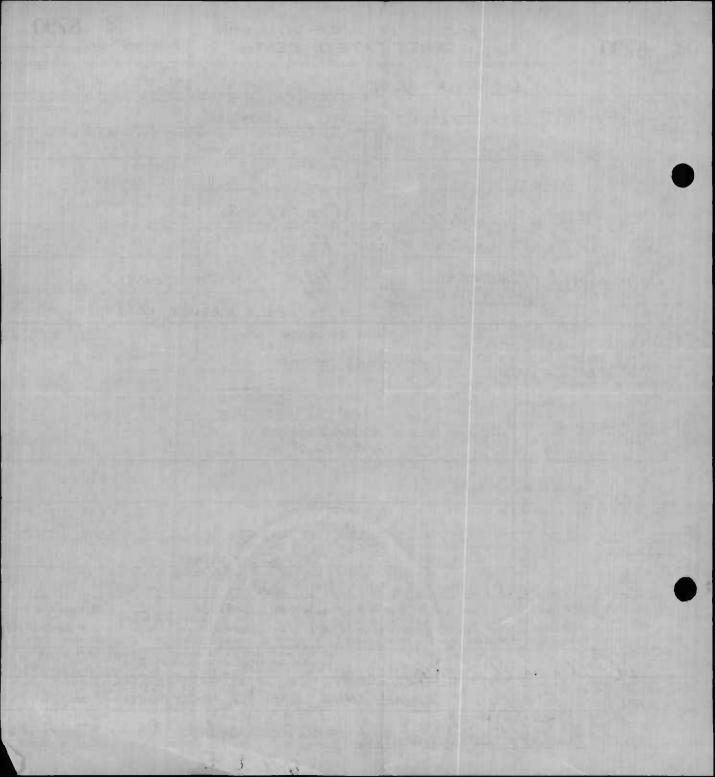


59 8789 BALTIMORE CITY HEALTH DEPARTMENT 5	2 8789
BIRTH NO. 52-20 483 CERTIFICATE OF DEATH Registered N	0
1. NAME OF DECEASED BABY GIRL TUCKER 2. DATE OF DEATH 9/	3/52
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived. If it is a state of the state o	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate limits	
SINAT HOSPILAN PALTO.	O ( township)
congth of stay in Baltimore  4  Days  Days  D. STREET ADDRESS (If regal, give location)	4 13
	Onder I Year   If Under 24 Hours nths; Days   Hours; Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of work log life, even if retired)  INDUSTRY  BALTO. MD.	WHAT COUNTRY?
13. FATHER'S NAME  MATTHEN  TUCKER  14. MOTHER'S MAIDEN, NAME  MARKS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AL	DDRESS
18. 768. F	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  SENTICEMEN ANGLE)	14 40.5
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)	, , , , , , , .
ANTECEDENT CAUSES 2	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	•···
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. 'AUTOPSY?
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, g	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or Injury OCCUR?  21c. WHERE DID (If in Baltimore City, glabout home, farm, fectory, street, office bldg., etc.)	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	
m. WORK AT WORK	Cabana 7 land annu ab
deceased alive on 195, to 3, 195, to deceased from 200, 195, to 3, 195, to 3, 195, to deceased alive on 195, and that death occurred at 300, from the causes and on the	that I last saw the date stated above.
23A/SIGNATURE)	23 DATE SIGNED
24a. BURIAL, CREMA, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, TION, REMOVAL (Specify) 252 1952	or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR	ADDRESS
SEP 23 1959 Huntington Williams, M.J. Huntington Williams, M.	·Z.
VS 150	
752000	



Registered No. CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) ALAN HILBERT KRAMMER DEATH September 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Maryland "i not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Marine Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 937 N. Calvert Street ength of stay in Baltimore Days 6 COLOR OR RACE 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male White SINGLE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) MERCHANT MARINE WHAT COUNTRY U.S.A. JEAMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HBRAHAM LOUISA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO FREDERICK KRAMER 1739 WILLIAM ST. YES INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEXIBORAC ANTECEDENT CAUSES Extradural hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING xxxxx Subdural hemorrhage RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Contusion of brain OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-UTING L CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 353 N. Gay Street Store 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Sept. 21, 10:30P m. Slipped and fell down steps 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238 CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) CREMA-TION, REMOVAL (Specify) HARRIS BURG, YENNSYLVANI CHAMBERHILL LEM. DURIAL

DATE RECEIVED BY 25. FUNERAL DIRECTOR SIGNATURE LOCAL REGISTRAR DENNY, INC.

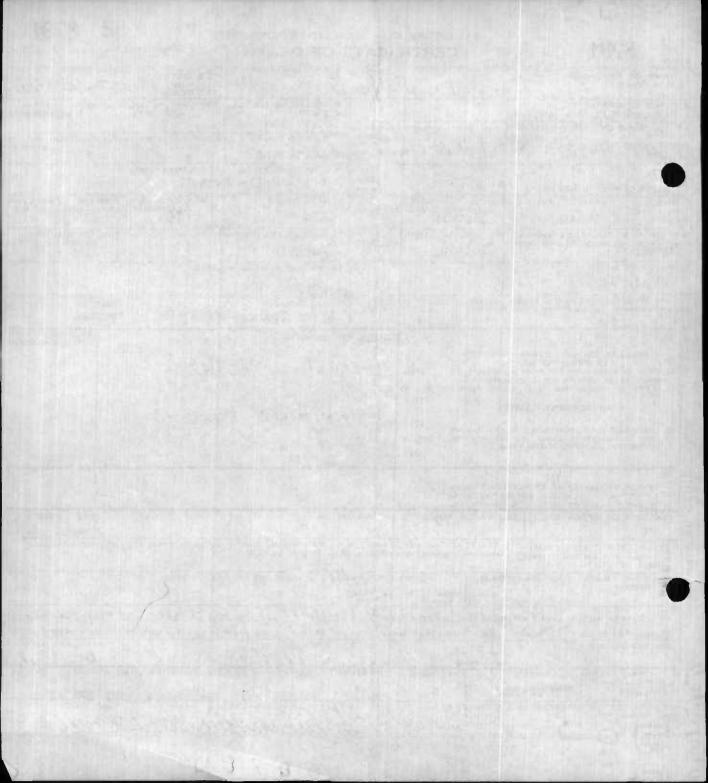


720						9 05:04
52 9"	(04			ALTH DEPARTMENT	Registered N	2 8791
BIRTH NO.	31		CERTIFICATI	E OF DEATH	Registered 1	10
1. NAME OF D (Type or Print)	ECEASED	orri	s Isdac	5	OF DEATH	ten 68+ 23,1450
	City, Maryland			4. USUAL RESIDENCE (WA. STATE	Where deceased lived. If B. COUNTY	institution : residence before admission)
B. FULL NAME HOSPITAL OR			ion, give street address or location)	C CITY OR TOWN (If	outside corporate limit	s, write RURAL and give
INSTITUTION	Sind i Hospi	74/01	Biltimore In	. Od z critical C	15	township)
c. Length of s	tay in Baltimore	co yrs	Yrs. Mos. Days	o. STREET ADDRESS (IF 41164 Belle AV	_	
5. SEX Male	6. COLOR OR RACE	WIDOW	E, MARRIED, (ED DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year   If Under 24 Hours on the Days   Hours Min.
ork done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
Cuoter		Clott	ind	Austria		USA
Chaim.			(LA)	14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1	DDRESS
				Allen Isaacs- 4	TIEZ RETTE Y	INTERVAL BETWEEN
(This does heart failt injury or	SE OR CONDITION LEADING TO DEA not mean the mode of the asthenia, etc. It mes complication which of	TH of dying, e. 1 ons the diseas caused death	e, .) DUE TO (B) Arte	ricular tibril		e
RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TH				
TRIBUTING	II SIGNIFICANT COND TO THE DEATH, BUT	NOT RELATE	D			
	OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>	0	l ass Di	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (	If in Baltimore City,	YES NO
	DENT WAS UNDER. R CONTRIBUTING DEATH		farm, factory, street, office bldg.,		ii iii baltimore Ony, i	give exact location)
F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
		m.	WHILE AT WORK AT WORK			
22. I hereb	y certify that I at	tended the	and that death occur	red at 9:35 p.m., from t	he causes and on t	, that I last saw th
23A. SIGNA		F		Sindi Hosp	; td/	SEE VE 18
24A. BURIAL, TION, REMOVAL (	CREMA- 74B. DATE Specify) 9/24/3	52.	24c. NAME OF CEMETE		OCATION (City, town,	or county) (State)
DATE RECEIVE		S SIGNATI	7-5-6-1	25. FUNERAL DIRECTOR	200 11211 210	ADDRESS

PATE RECEIVED BY REGISTRAR'S SIGNATURE
OCAL REGISTRAR
FP 2 4 1959

VS 150

REGISTRAR'S SIGNATURE
ADDRESS
ADDRE



532								
52 8'792 BIRTH NO.		BALTIMORE CITY CERTIFICA				Registered 1	No.	8'792
1. NAME OF DECEASED (Type or Print)	Mac	Marry Noord Donte		NEW TEN		2. DATE OF Canto	mbo	יי מי זמני
3. PLACE OF DEATH:		Mary Naomi Rentz			NCE (W	here deceased lived. If		
B. FULL NAME OF (If not		al or institution, give street addres		. STATE Mar	vland	B. COUNTY		before admission)
HOSPITAL OR	Tray	more Road	ion) C	CITY OR TOWN		outside corporate limit	ts, wr	ite RURAL and give
Launth of stands Dalt		30 350 2MG	os.	STREET ADDRE		more Road		
c. Length of stay in Balti 5. sex 6. COLOR of Female White	R RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Sp. Widow	ecify)	DATE OF BIRTH			li Under	l Year li Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (cook done during most of working life, even Operator	Give kind of n ifretired)	10B. KIND OF BUSINESS OF INDUS Paper Bag Mfg.	7 1	I. BIRTHPLACE (S Maryland		reign country)	12.	CITIZEN OF WHAT COUNTRY US A
13. FATHER'S NAME			1-	4. MOTHER'S MA				
Samuel A. Alban  15. WAS DECEASED EVER IN U.	0.40%	FORCES?   16. SOCIAL		Laura Fr	ances			
(Yes, no or unknown) (If yes, give	war or date	of service)   215-28-9372	o. 1	elford L.	Webb	5231 Traym	ore	
DISEASE OR CON LEADING  (This does not mean the heart failure, asthenia, e injury or complication  ANTECEDEN  DISEASES OR CONDITERISE TO THE ABOVE CAUNDERLYING CONDITERISE TO THE ABOVE	e mode of the mode	of dying, e. g., (A)	eno	Caremon		tic Cercium tirus	ng.	march 52
OTHER SIGNIFICANT TRIBUTING TO THE DEA	CONDI	NOT RELATED						
19A. DATE OF OPERATIO	DN 1	98. MAJOR FINDINGS OF C	PERAT	NOI				YES NO
21A, ACCIDENT WAS U LYING OR CONTRIBU CAUSE OF DEATH		218. PLACE OF INJURY (e about home, farm, factory, street, office l				f ln Baltimore City,	give	
2 ID. TIME (Month) (Da	y) (Year)	(Hour) 21E. INJURY OCC	JRRED	21F. HOW DID	INJURY	OCCUR?		
A CONTRACTOR OF THE PARTY OF TH	egt I att	WHILE AT NOT W	ccurre	d at 4 20 H m.,		y 22 , 195 ne causes and on t	he a	hat I last saw th late stated above 3c. DATE SISNED
24A. BURIAL, CREMA- TION, BEMOVAL (Specify) Burial Ser	DATE	24c. NAME OF CEM	ETERY	OR CREMATORY		CATION (City, town		

Beckleysville Baltimore Co., Maryland
25. FUNERAL DIRECTOR ADDRESS

3631 Falls Road

Waliams, M. Burgee Funeral Home

DATE RECEIVED BY LOCAL REGISTRAR CFD 2 4 1952 VS 150

Sept. 25, 1952 B

Huntington

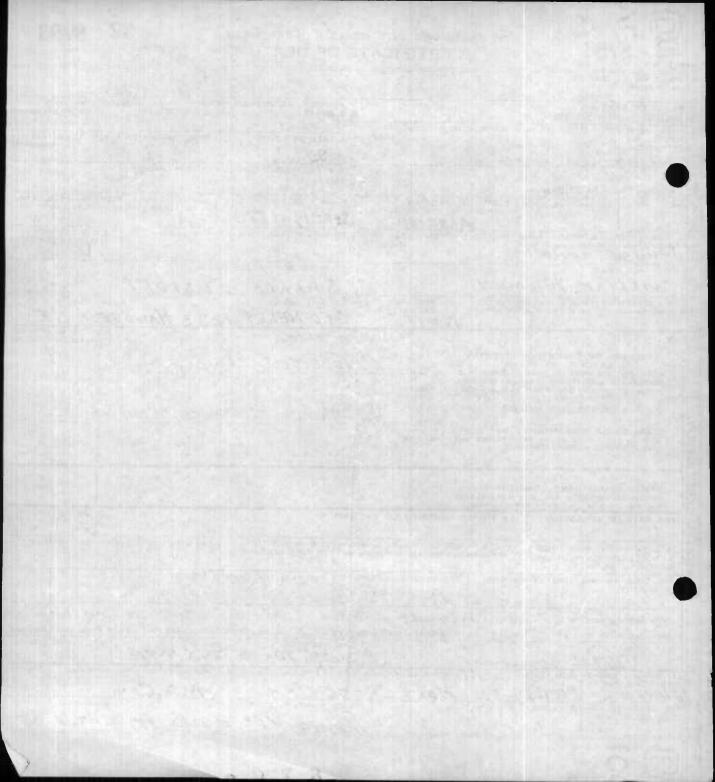
Man y El . etc. Water to the AND A SECURITY OF THE PARTY OF

41	00		50	01100
		EALTH DEPARTMENT E OF DEATH	Registered No.	8.433
ВІ	RTH NO.	L OI DEATH		
	NAME OF DECEASED  Ope or Print)  Lula Kelly		2. DATE OF DEATH 9 23	27
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE ()	Where deceased lived, If inst B. COUNTY	itution: residence before admission)
B. HO	FULL NAME OF (If not in hospital or institution, give street address of location SPITAL OR OF A	C. CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and give township)
	the Baltimore General Hospital	1373 Harrover St	- 13-	01
	Yrs. Mos.	711	rural, give location)	
	Length of stay in Baltimore Days		9. AGE (in years) # Und	er   Year   If Under 24 Hours
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  SEPT 17-1883	last birthday) Month	Bays Hours Min.
	A. USUAL OCCUPATION (Give kind of dope during most of working life, even if retired)		foreign country)   12	CITIZEN OF
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME	
13	WIGHIAM BROWN	SALLIE E	-6410TT	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES?  Jono or unknown) (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT GEO-KELLY	323 HAIVOVE	RESS FR ST
	CALISE	OF DEATH	270711111	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	T T		ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	yocardial 1;	nfarction.	/
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
	ANTECEDENT CAUSES	perfousive Ht. Dr.	sease Artenoscla	wii
O	DISEASES OR CONDITIONS, IF ANY, GIVING		······································	•••••••••
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
O.	(C)			
RTIFICATION	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
CE	TO THE DISEASE OR CONDITION CAUSING IT.			1 20. AUTOPSY?
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE			YES NO
EDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg		(If in Baltimore City, give	e exact location)
Σ	21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR		RY OCCUR?	
	m. WORK AT WORK		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	22. I hereby certify that I attended the deceased from 9	1352 , 19 , to	1/23/52 , 19 ,	that I last saw the
	deceased alive on 12352, 19 and that death occur	urred at 1.4.13 h.m., from	the causes and on the	date stated above
	23A. SIGNATURE W.T. W. D.	South Poets	Teal Hosp	23c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET		LOCATION (City, town, or	county) (State)
1	JURIAL SEPT. 27-52 HOLY CRU	1 25 FUNERAL DIRECTOR	A.A.Co.	DDRESS

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



or death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.						
1. NAME OF (Type or Print)		Blanche	Conyers ( Co	onyer )	2. DATE OF DEATH 9-21-	1952
3. PLACE OF A. Baltimore B. FULL NAME	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland		stitution: residence before admission)
HOSPITAL OR	Baltimore C: 4940 Easter	ity Hos			outside corporate limits,	write RURAL and give township)
Length of	stay in Baltimore	I	Yrs. Mos. Days	D. STREET ADDRESS (If 1836 N.	rural, give location) Caroline St. 2	one 13
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci			E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH April 10-1922	9. AGE (in years) #U	nder I Year H Under 24 Hours ths Days Hours Min.
IOA. USUAL O work done during mos	CCUPATION (Give kind of t of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)   1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	Risdon (			14. MOTHER'S MAIDEN N Queenie Rol		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. Records: 4940 Eastern Ave.						ares
Z DISEASE RISE TO UNDERLU	LEADING TO DEAT se not mean the mode of lure, asthenia, etc. It meal r complication which e  ANTECEDENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LA  SIGNIFICANT CONDITION	f dying, e. g ns the diseas aused death ES F ANY, GIVIN STATING TH ST.	(B)	ary Tuberculosis-	far advanced	lOyrs
O TO THE	IG TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING I	T. Hypertensiv	re Cardiovascular	Disease	10yrs
21A. ACCI	DENT WAS UNDERDED CONTRIBUTING	21B, PL/	FINDINGS OF OPER  ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or   21c. WHERE DID ()	If in Baltimore City, given	20. AUTOPSY? YES NO OPE exact location)
21D. TIME OF INJURY 22. I here	by certify that I att	m.			9-21- 19 <i>5</i> 2	that I last saw the date stated above.
24A. BURIAL, TION, REMOVAL	CREMA- 24B DATE (Specify)	ر برکو		940 Eastern Ave.,	Baltimore, Md.	9-23-1952
DATE RECEIVE LOCAL REGIS	ED BY REGISTRAR	1952 signatu ton	Misus, M.Z.	eld Cisler 25. FUNERAL DIRECTOR Mrs Katie R Will	ville Guerran	ne Co MA  ADDRESS 312 N  Anocher St
VS 150	* 6		- C - 1 ()	8700		

E-SUL VI A SA CONTRACTOR OF THE SAME Colors weather a winner of all a little and

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 8795

BIRTH NO. / 2 / 00 01	
1. NAME OF DECEASED (Type or Print) Steven Thompson 2. DATE OF DEATH 9-21	-1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	stitution: residence before admission)
HOSPITAL OR INSTITUTION Baltimore City Hospitals  C. CITY OR TOWN (If outside corporate limits, Baltimore)  Baltimore	write RURAL and give township)
c. Length of stay in Baltimore  Yrs. D. STREET ADDRESS (If rural, give location)  752 W. Mulberry St.	
M N WIDOWED, DIVORCED (Specify) Wat 7, 1952 last birthday) Mont	the Days Hours Min.
work done during most of working life, even if retired)  INDUSTRY  Baltimue, MA	2. CITIZEN OF WHAT COUNTRY
Joe W. Thompson 14. MOTHER'S MAIDEN NAME Virginia & Kelten	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, as or uaknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  752 W. 7	nulbary St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  UNDERLYING CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CASING IT.	3 days
19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING OR CONTRIBUTION	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased flow A -9-21-, 1952, to D.O.A.9-21, 1952, deceased xxxxxxD.O.A.9-21, 1952, and that death ozakwed 1.0.A.9-21, 1952 the backs and in the	date stated above.
23A. SIGNATURE ( Lun Vac 4940 Eastern Ave., Baltimore, Md.	23c. DATE SIGNED 9-23-1952
24a. BURIAL, CREMA- 26b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or TION, REMOVAL (Specify) Left 24, 1952 The June 1965.	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR'S SIGNATURE  LOCAL REGISTRAR	herder St

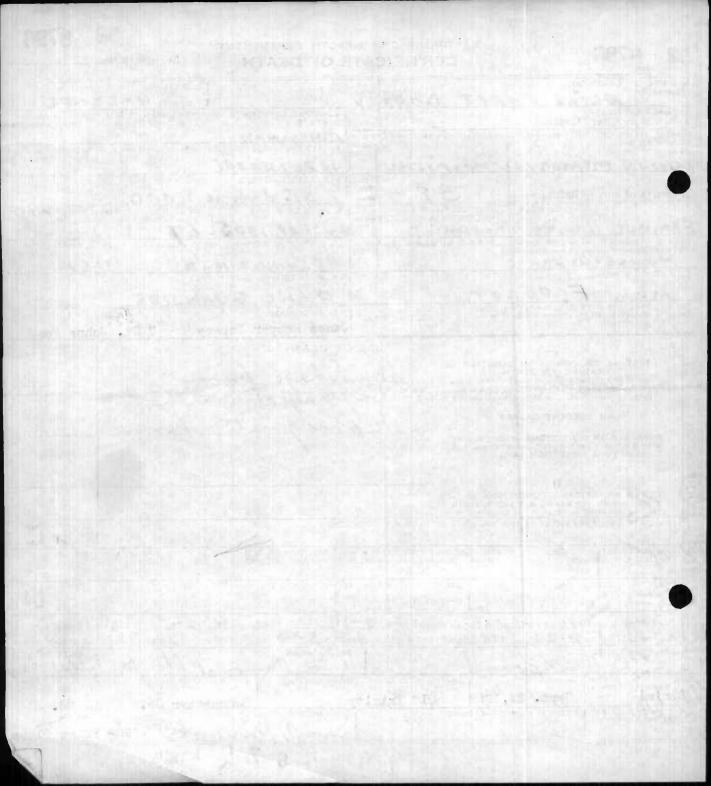
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correct age is especially important.

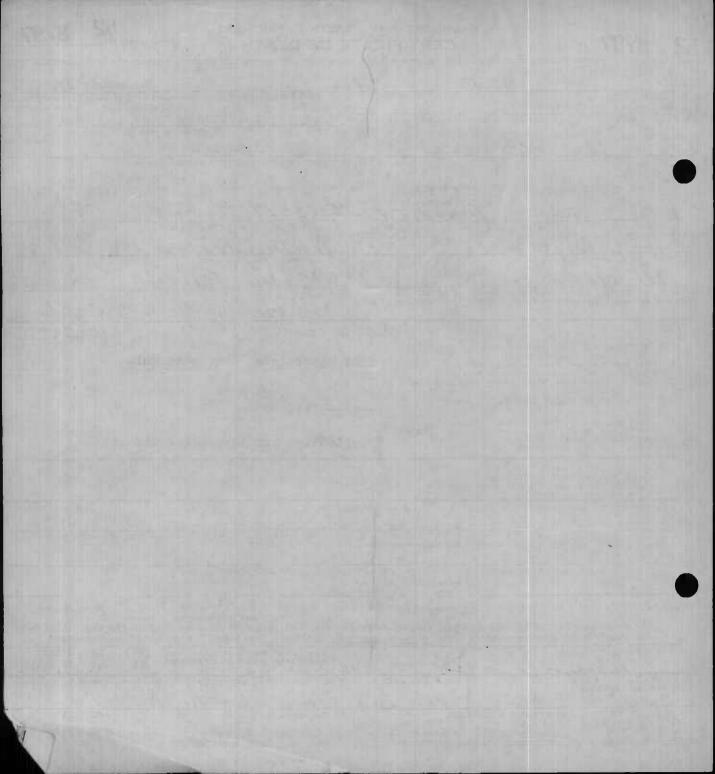
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BALTIMORE	CITY	HEALTH	DEPARTMENT		0110
CERTI	FICA	TE OF	DEATH	Registered No	

DITTITI TO:					
1. NAME OF DECEASE (Type or Print)	LE PARET	DORSEY		2. DATE OF DEATH	9-22-52
3. PLACE OF DEATH: A. Baltimore City, M.		- A SACY	4. USUAL RESIDE		lived. If institution : residence
B. FULL NAME OF ( HOSPITAL OR INSTITUTION	If not in hospital or institu	tion, give street address of location			rate limits, write RURAL and giv
	MORIAL HO	SPITML Yrs.	BALTIM.		27-13 township
c. Length of stay in	Baltimore	38		has Ro	
5. SEX 6. COL	OR OR RACE 7. SINGL	E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH	1 9. AGE (ln	years   H Under 1 Year   H Under 24 Hear hday)   Months: Days   Hours   Min
TOA. USUAL OCCUPATI	ON (Give kind of 1 DB KIN	RIED D OF BUSINESS OR	April 21, 11	State or foreign country	)   12. CITIZEN OF
ork doceduring most of working	life, eyen If retired)	INDUSTRY			WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	10,377.
John t	PARET		131162	BURNSI	30
15. WAS DECEASED EVER Yes, no or nokoowo) (If yes	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	5	ADDRESS
NO			James Hooper	Dorsey	7 St. Johns Road
18. 560.4	1	1	OF DEATH		ONSET AND DEAT
LEADI	CONDITION DIRECTLY	100	mhaso.	from	
heart failure, asthe	ean the mode of dying, e. enia, etc. It means the disea cation which caused deat	ise,	phageal	ulu	2
ANTEC	EDENT CAUSES	1:-	1/200000	to las	
	ONDITIONS, IF ANY, GIVI				mac .
	VE CAUSE (A) STATING TO ONDITION LAST.	THE DUE TO			TABLE DESCRIPTION
O'H	11	(C)			
	CANT CONDITIONS CO				
TO THE DISEASE	OR CONDITION CAUSING	R FINDINGS OF OPE	RATION		20. AUTOPSY?
	V				YES NO
21A. ACCIDENT, SU HOMICIDE (Spec		ACE OF INJURY (c. g., farm, factory, street, office hidg.			re City, give exact location)
	(Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
FINJURY	m.	WHILE AT NOT WHILE			
22. I hereby certi	fy that I attended the	e deceased from 9	1951	5, to 9 · 2 2	_, 19.62 that I last saw th
deceased alive on	9-23, 1952,		rred atm. 23s. ADDRESS	, from the causes a	nd on the date stated above
1 D H	workand	M. D.	Union Mes	morial Ho	2/2. Sept 22, 195.
24A. BERIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (C	ity town, or county) (State)
Burial	Sept. 24,1952	Old Trinit	V 25. FAINERAL DIR	Dorchester (	ig. Md.
LOCAL REGISTRAR	REGISTRAR'S SIGNAT	1 Car	John OV	nile Doll &	1900 Eutaw Place
VS 150	Huntington /	Veliaun, My	Kaper UI /	7 0	2000 Dacaw Flace
V3 130	0	5 60	008	7	
	No. of the Contract of the Con	3 me	40	The second second	



MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



1.	30,	Rom co		X	
	52 8798 BA	LTIMORE CITY HE	ALTH DEPARTMENT	52	8'798
	Ora O	CERTIFICATE	OF DEATH	Registered No	
-	NAME OF DECEASED	13-1		10.545	
	ype or Print)  Grave	Drace.	Burd.	2. DATE OF DEATH LOS	22,1952
	PLACE OF DEATH: Baltimore City, Maryland	12-28271	4. USUAL RESIDENCE (		itution : residence before admission)
В.	FULL NAME OF (If not in hospital or institu		Ma	. 53-	473
	STITUTION JOHNS HOPKINS HOS	location)	C. CITY OR TOWN	f outside corporate limit, w	rite RURAL and give township)
		Yrs.	D. STREET ADDRESS (II	rural, give location)	2 4
G.	Length of stay in Baltimore	Mos. Days	100 4	2 allans	e ot
	SEX   6. COLOR OR RACE   7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   Under	
1	usals to olored 4	WED, DIVORCED (Specify)	6-21-15	last birthday) Month	s Days Hours Min.
	A. USUAL OCCUPATION (Givekind of done during most of working life, over if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)   12	. CITIZEN OF WHAT COUNTRY?
	a comestic		Bala.	Mol.	
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME Q	
1.65	. WAS DECEASED EVER IN U. S. ARMED FORCES?	son	Maura	- dull	er
(Ye	(If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HO	OPKINS HOSPITAL	RESS
7	18. Id/ 2 V	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		) = /	7 7	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.	(T. U.	manch Emb	elem	
	heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ase,	6		***************************************
	ANTECEDENT CAUSES	The market	van la	1	
Z	DISEASES OR CONDITIONS, IF ANY, GIVE	(B)	onhlebitis, rt.	LEF	
FICATION	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.				
D.		(C)		***************************************	***************************************
RTIF	- 11				
Ш	OTHER SIGNIFICANT CONDITIONS CO	TED .			
U	TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPERA	TION		20. AUTOPSY?
AL	0				YES NO
EDICA	LYING OR CONTRIBUTING   about home	ACE OF INJURY (e. g., in a farm, factory, street, office bldg., etc.		(If in Baltimore City, give	exact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F, HOW DID INJUR	Y OCCUR?	
	FINJURY (Month) (Day) (Teal) (Month)	WHILE AT NOT WHILE	7		
	m.	WORK AT WORK	1752	0-77 52.	7 . 7 7
	22. I hereby certify that I attended the deceased alive on $4-22-1952$		red at 3:35 m., from		hat I last saw the
	23 OF NATURE		B. ADDRESS	2	3c. DATE SIGNED
	( serce & fluir	M. D.	JOHNS HOPKIN		7/202/5-2
24 TIC	A. BURIAL, CREMA-	24C. NAME OF CEMETER	Y OR CREMATORY 24D.	OCATION (City, town, or	county) (State)
1	Bunal Sept 25-1952		elrum Elm	Ballo.	Md
	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE 1	25. FUNERAL DIRECTOR	8.00 A	DDRESS
0	CO 1/11/2/ 1 # # #	1/1/11	11000011	1. X 1/1/1/1/12	/ X1 -
	- Carlon Immination	A STATE OF WAY	Jumes 1	- / Good of	
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See Query reply in Document File

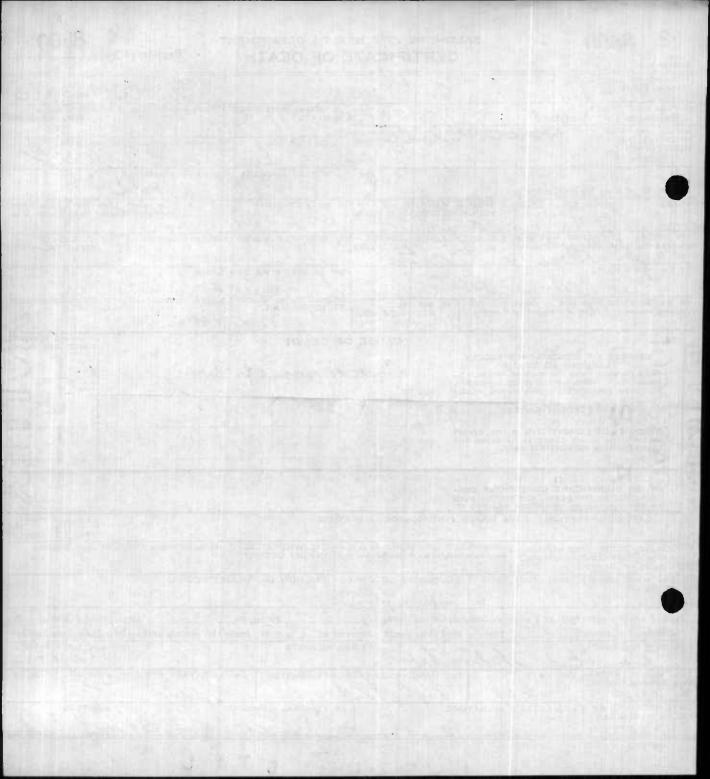
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF, DEATH

Segistered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN LOUIS OF FASSDORF Sept.23, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Alhambra 4703 Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Alhambra Avenue c. cength of stay in Baltimore 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH male white Nov. 7, 1895 married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Montgomery Supt. Ward Co Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George L. Fassdorf 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Mary E. Fassdorf, 4703 Alhambra 18. 199.9 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Carcinome, Generalized, Origin LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, unknown injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from My and . 19 that I last saw the 19 - 20 Sept. deceased alive on 3904. 16, 1912 and that death occurred at 11 A. m., from the causes and on the date stated above. 23 . SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CEME 24D. LOCATION (City, town, or county) Burial /25/52 Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE PARECTOR LOCAL REGISTRAR Ruck, 5305 Harford Road.

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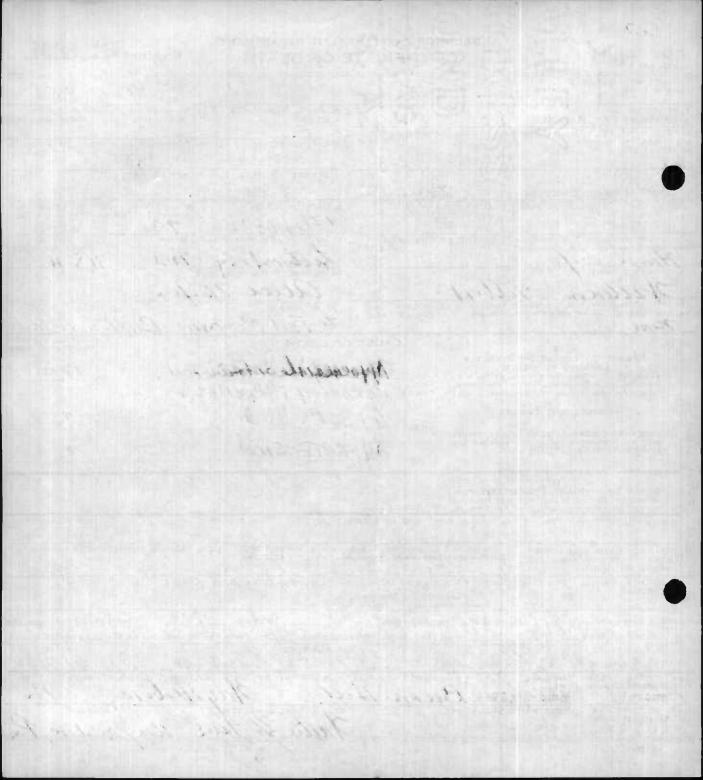
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52 8800 в.	ALTIMORE CITY HE	ALTH DEPARTMENT	52	8800
	CERTIFICATE		Registered No.	0000
BIRTH NO.	-		A	
1. NAME OF DECEASED (Type or Print)	t. C. Dop	k	2. DATE OF DEATH	23/1/52
A. Baltimore City, Manyand JOHN	IS HOPKINS HOSPI	4: USUAL RESIDENCE (W	here deceased lived. If inst	itution residence before admission)
B. FULL NAME OF (If not in Associate or institution	uton, give street address or location)	C. CIPY OF TOWN (III	outside corporate limits, w	rite RUBAL and give
35	Yrs.	D. STREET ADDRESS (Iff	rural/give location)/	1
ngth of stay in Baltimore	Mos. Days	47096	Corode	Che
5/ SEX   6. COLOROR RACE   7. SING	LE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   If Und last birthday)   Month	er 1 Year   If Under 24 Hours
emale white s	inale	6-10-07	43	a de la constanta de la consta
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	ND OF BUSINESS OR INDUSTRY	11. SHRTHPLACE (State or for	reign country)   12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AIRPLANES (M)	44 MOTHER'S MAIDEN NA	ME MI	
Florge N Dopp		Margaret A	a. con	ner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	PKINS HOSPITAL	RESS
	213-09-9656		PRINS HOSPITAL	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		OF DEATH		ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the disc	B. (A) Care	inoma of O	valy	f.
injury or complication which caused des	ith.) DUE TO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVE			***************************************	***************************************
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS C				127-5-1103
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING				
19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS LINDER.   218. F	LACE OF INJURY (e.g., in		f in Baltimore City, give	exact location)
W CAUSE OF DEATH	ne, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
2 1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
m.	WHILE AT NOT WHILE		,	
22. I hereby certify that I attended th	ne deceased from 7	3 0 1953 to 9	/ 23 , 1957+	hat I last saw the
	and that death occur	red at 2 - 4 m., from th	ie eauses and on the	
23A. SIGNATURE	Saker M.D. 2	38. ADDRESS		3 Sept 52
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	
Durial 9-26-52	Haly Red	dames Le	als 1	ne
DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR	TURE	25 FUNERAL DIRECTOR		DDRESS PO
SEP 24 1952 Huntington	Wir.	X & Luck	5305/4a	eford has
VS 150	M	4	E3 //	
	105396	9-10875		



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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

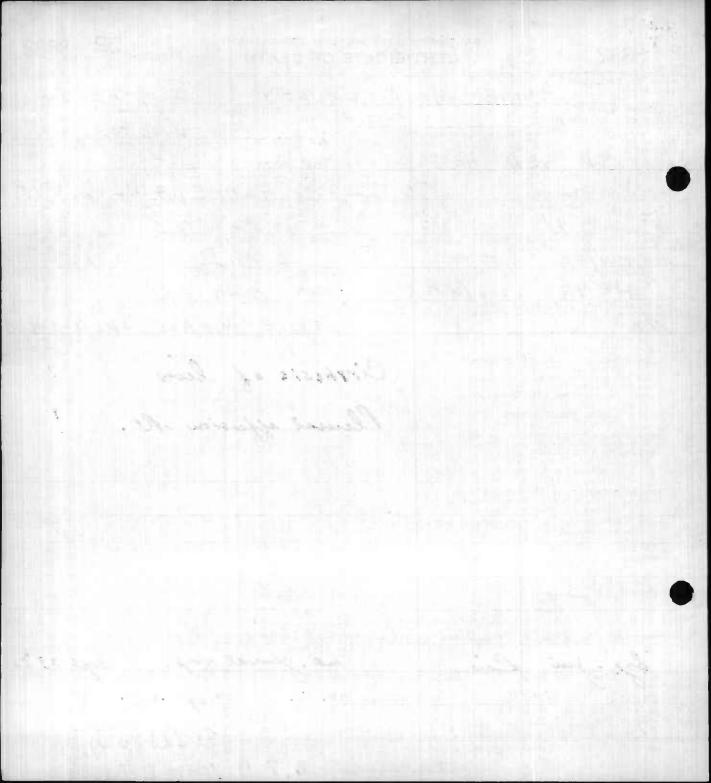
BIRTH NO. OUL	E OF DEATH
NAME OF DECEASED Type or Print) Dessie M. Routson	2. DATE 0F 9/19/1952
B. PLACE OF DEATH:  a. Baltimore City, Maryland 307 Dolphin St.  s. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION  NSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)  Md C. CITY OR TOWN (If outside corporate limits, write RULAL and give
Yrs. Mos.	Baltimore  D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	307 Dolphin St.  8. DATE OF BIRTH  9. AGE (In years   If Under 1 Year   It Under 24 Heurs   In the state of t
Female White Widowed  OA. USUAL OCCUPATION (Givekind of prok done during most of working life, even if retired)  Hence with	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
William Gelbest.	14. MOTHER'S MAIDEN NAME  Olice Market
5. WAS DECEASED EVER N U. S. ARMED FORCES? (60, no or unknown) (If you, give war or dates of service)  Plane	17. INFORMANT ADDRESS H. Ted Richtson Baltomer MA.
	OF DEATH ONSET AND DEATH ONSET AND DEATH  12 ls.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ONREY THEMBOSES.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	S. C. V. D.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	PERFENSION ?
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg.,	oto.) INJURY OCCUR?
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	
	rred at 5:45 cm., from the causes and on the date stated above.
M. D. LAR. BURIAL, CREMA-1 24B. DATE   24C. NAME OF CEMETE	236. ADDRESS 1905W.Backs. S. 23C. DATE SIGNED 4/19/5V RY OR CREMATORY 240, LOCATION (City, town, or county) (State)
Removal Sept. 24,1942 Button 12  Date received by Registrar's signature  OCAL REGISTRAR.	25. FUNERAL DIRECTOR ADDRESS
VS 150	Salta G. Henre Waynestore, Pa
	0



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BIRTH	NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED ANNIE M. WAL	MSLEY   2. DATE OF 9-23-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
MD. GEN. HOSP.	Baltimore o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	o. STREET ADDRESS (If rural, give location) 2701 ALAMEDA BLVD. #18
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DJVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   Months; Days   Hours   Min.
F W WHOCE STATES	371-82 70
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR rork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife at home	6 M.D. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY LOIGHX	Almira / A C/YSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yee, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	BESSIE W. KALE 270/ HLAMEDA
18. 581.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	rhosis of low?
ANTECEDENT CAUSES	
Z (B)	eural efferion Rt.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	00
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
V Lote Blace of Indian (	in or   21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
F INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
	9-18, 1957, to 9-23, 1957, that I last saw the
	rred at 3.25 Am., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
Soe- Jui Lue M.D.	md. general Hosp. Leet. 2352
24A. BURLA, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or granty) (State)
Burial 9/26/52 Meadowridge	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR
SFP 24 1952 Huntington Williams Mi	52/m. J. Victarier & soms
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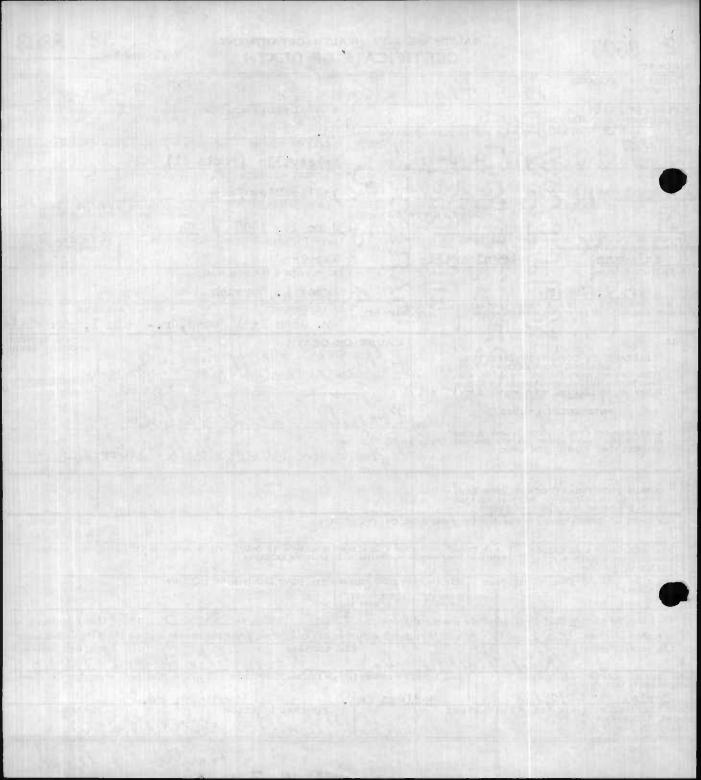


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BIRTH	NO.
1. NAM (Type o	E OF DECEAS r Print)

	Registered	52	8803
-		1.0,	

CERTIF	CITY HEALTH DEPARTMENT Registered No.	52 8803
1. NAME OF DECEASED JOHN PAUL .	Jones, Sr. 2. DATE OF 9-2	3-52.
Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	nstitution: residence before admission)
<ul> <li>B. FULL NAME OF (If not in hospital or institution, give street a HOSPITAL OR</li> </ul>	t address or location)  c. CITY OR TOWN (If outside corporate limits,	weite RIIDAL and sive
INSTITUTION UM DES SIT. Hospit	Sykesville (Route #1)	township)
110000000000000000000000000000000000000	Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	Mos. Days Valley View Farm	
5. SEX 6. COLDR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCEI	8. DATE OF BIRTH 9. AGE (In years) If I	inder i Year   If Under 24 Hours ths: Days   Hours   Min.
/ W	June 19, 1898 54	this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINES ork done during most of working life, even if retired)	THE RESIDENCE OF THE PARTY OF T	12. CITIZEN OF WHAT COUNTRY?
salesman real estate	Maryland	WHAT COONTRIT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry J. Jones	Agnes L. Gorsuch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL Yes, no or unknown) (If yes, give wer or dates of service) SECURIT	RITY NO.   17. INCOMMAN	DRESS
none	Mr. John Paul Jones, JrRoute	1,Sykesville
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) LV.	Entricular Fibrillation & Kulmon Edema Congestive Gent Facture Hyppertensive arterioscleratic Cartie	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Vistasi
198. DATE OF OPERATION 198. MAJOR FINDINGS C	OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, atreet,	JRY (e. g., in or st, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, girls, office bldg., etc.)	
2.1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY (	OCCURRED 21F. HOW DID INJURY OCCUR?	
M. WHILE AT WORK	NOT WHILE	
22. I hereby certify that I attended the deceased fro		that I last say the
deceased alive on 9-23 1952, and that dea	eath occurred at 10:10 Am., from the causes and on the	date stated above.
23A. SIGNATURE Ray Pryor,	M. D. 23B. ADDRESS Wriversity Hospital	13c. DATE SIGNED 9/23/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	F CEMETERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)
	wn Cem. Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR VICENOR YS	ADDRESS
VO 150		

42024 Balto 17, Md.



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#### BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

BIRTH N	0.		JERTH TOAT	E OF BERTH		
1. NAME (Type or I	OF DECEASED	TO AGOTS	ENN MOWERS		2. DATE OF Sent	. 23, 1952
	OF DEATH:	LOILA GL	ENN HOWERD	4. USUAL RESIDENCE		
B. FULL N HOSPITAL INSTITUT	NAME OF (If not in hospit	al or institution	n, give street address of location)		If outside corporate limi	ts, write HURAL and give township)
c Longt	h of stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (1)		
5. SEX female	6. COLOR OR RACE	7. SINGLE. WIDOWE	D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year on this Days Hours Min.
10A. USU. work done duri	AL OCCUPATION (Give kind of ing most of working life, even if retired) sewife	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATH	er's NAME id L. Renfrew			14. MOTHER'S MAIDEN  Ida A. Breckenri		
15. WAS D (You, no or us	DECEASED EVER IN U.S. ARMEI aknown) (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Miss Jeanne B. N		natham Rd. #7
(Th	DISEASE OR CONDITION LEADING TO DEA' this does not mean the mode of the failure, asthenia, etc. It means ary or complication which of	TH of dying, e.g., ons the disease,	(A) ap	lastic an	em a	ONSET AND DEATH
THE UN	ANTECEDENT CAUS SEASES OR CONDITIONS, I E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	F ANY, GIVING STATING THE		Disease	the Head	7 6 yrs.
W TRI	HER SIGNIFICANT CONDI BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED	Throng	i Infections	arthutes	- 2 hr.
	PATE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION V		20. AUTOPSY?
O 21A. LYIN	ACCIDENT WAS UNDER- G OR CONTRIBUTING  SE OF DEATH		CE OF INJURY (e. g., rm, factory, street, office bidg.		(If in Baltimore City,	
	TIME (Month) (Day) (Year)	W	1E. INJURY OCCURE		RY OCCUR?	
	hereby certify that Latt		nd that death occu	rred at 11 H. m., from		that I last saw the he date stated above.
	SIGNATURE L. Chan RIAL, CREMA- 24B. DATE		M. D.	23B. ADDRESS TIOF Suberty ERY OR CREMATORY   246.	HS. C	23c. DATE SIGNED  9 54 51  or county) (State)
Remov	oval (Specify) 9/26/52		Old Grave Ya	rd Car	lisle, Pa.	ADDRESS
	REGISTRAR	s signatur	Villiams, M.	25. FUNERAL DIRECTOR	cknert &	Mo
Vs	150	U	-	0 1 6 8 /	70 HO 217	md.

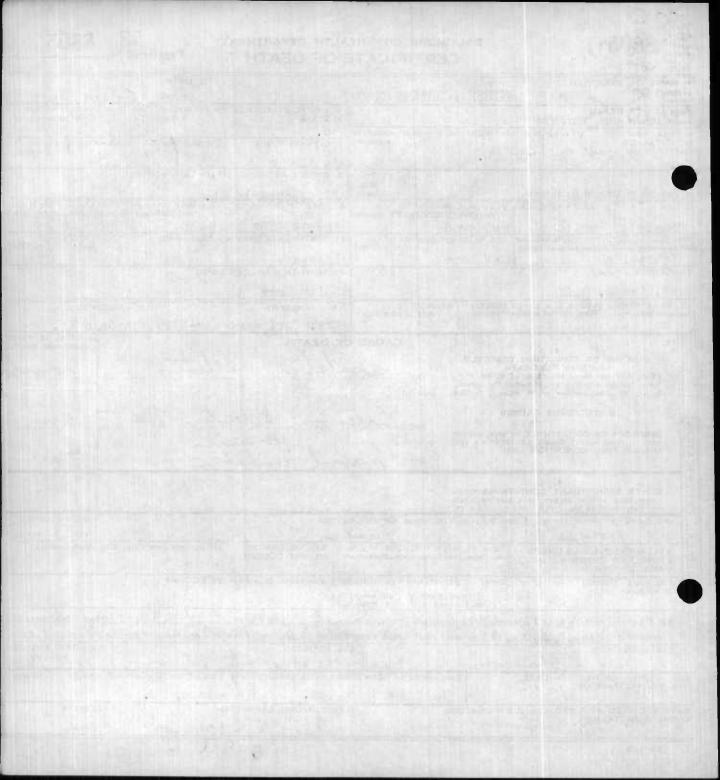
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correct age is especially important. Physicians: picase

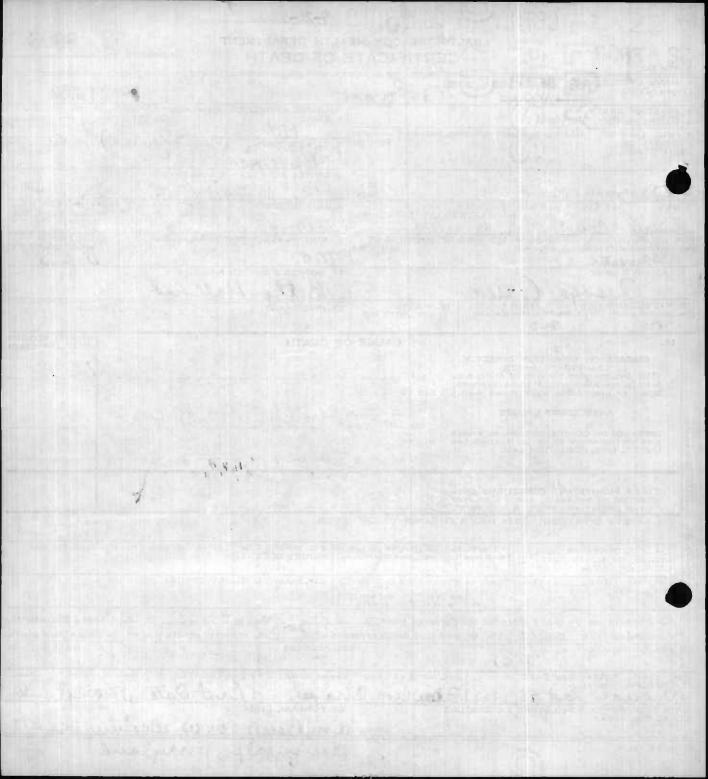
#### BALTIMORE CITY HEALTH DEPARTMENT

52 8805

BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.			
1. NAME OF DECEASED		2. DATE			
	THER LORRAINA DOWNE				
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived If institution: residence  B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital o		Md.			
HOSPITAL OR 1NSTITUTION 2326 Rosedale	location)	c. CITY OR TOWN (If outside corporate limits well to RURAL and give township			
2)20 Noseuale		Baltimore			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7	Days Days	2326 Rosedale St.   8. DATE OF BIRTH   9. AGE (In years)   11 Under   Year   11 Under 24 Hours			
	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.			
	widowed OB. KIND OF BUSINESS OR	Aug. 15, 1882 70			
work done during most of working life, even if retired)	INDUSTRY	11. BTRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
Housewife	at home	Delaware			
William H. Coffin  15. WAS DECEASED EVER IN U. S. ARMED FO	engrei Lie englis	Edith Ross			
(Yes, no or unknown) (If yes, give war or dates of	service) SECURITY NO.	17. INFORMANT ADDRESS			
no	none	Mrs. Carl Hartmetz-2326 Rosedale St.			
18. 560X I	CAUSE	OF DEATH			
DISEASE OR CONDITION DIS	-101	eleter melleter soul			
(This does not mean the mode of dheart failure, asthenia, etc. It means	dying, e. g., (A)the disease.	was vicus agn.			
injury or complication which caus	sed death.) DUE TO				
ANTECEDENT CAUSES	c + t	ino - Schenter Hent 5 yrs.			
Z DISEASES OR CONDITIONS, IF A	NY, GIVING	no scarre you yys.			
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE DUE TO	Disense			
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  H OTHER SIGNIFICANT CONDITIONS CON-				
F II					
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO					
TO THE DISEASE OR CONDITION CA	AUSING IT.	Loc AUTOROXA			
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in				
LYING OR CONTRIBUTING	bout home, farm, factory, street, office bldg., e				
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from one of 1943, to Sent. 23, 195; that I last saw the					
deccased alive on 3 2 1952 and that death occurred at 2 A. m., from the causes and on the date stated above.					
23a. SIGNATURE 23c. DATE SIGNED					
1 Tank d. Thambers M.D. TI of friends 149. C. 112713-					
TION REMOVAL (Specify) Burial  246. Date  246. Location (City, town, or county)  Lorraine Park Cem.  246. Location (City, town, or county)  Woodlawn. Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS					
SPZA HOLI MANER / SUS					
VS 150	THE NAME OF STREET	0 0 0/8 8 U / Sept 17 Ms			
II.	The same of the sa	salvo 11, mar			



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO Beatrice Queen 1. NAME OF DECEASED 2. DATE (Type or Print) STEWAR DEATH SEP +N-N-10 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or (If outside corporal limits, yrit RURAL and give location' HOSPITAL OR C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Altimore D. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore 25 N. AMI Days AGE (In years | If Under 1 Year | Il Under 24 nous last birthday) Months Days Houre Min. 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Il Under 24 Hours married OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wowester 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) HOPKINS HOSPITAPPRESS 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Parcinoma Cx IC ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT -2/-, 1902, and that death occurred at 1200 Am. from the 22. I hereby certify that I attended the deceased from 9 195 that I last saw the A.m., from the causes and on the date stated above. deceased alive on\_ 23A, SIGNATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A, BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S2 8807 Registered No.

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF Sep. 24, 1952 (Type or Print) HARTENSTEIN JULIA HELENA 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) PENNSYLVANIA (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION NEW FREEDOM MEMORIAL HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1 3 Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months Days Hours: Min. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) DEC. 30, 1908 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTR) WHAT COUNTRY? PENNSYLVANIA SCHOOL TEACHER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME YOUNG BESSIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. GLEN ROCK, PENNA JAKE HARTESTEIN NTERVAL BETWEEN 18. CAUSE OF DEATH 0 X ONSET AND OFATH DISEASE OR CONDITION DIRECTLY EXTENSIVE METASASIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES OF LEFT BREAST CARCINOMA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) .. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION AL Ü (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID ED about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WORK 19 52 to Sep. 24 , 1952, that I last saw the 22. I hereby certify that I attended the deceased from AUG. 11 24, 1952, and that death occurred at 8 200 m., from the causes and on the date stated above. deceased alive on Se o 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE MEMORIAL HOSP. Sep. 24, 52 24A. BURIAL, CREMA-24c. NAME OF TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

VS 150

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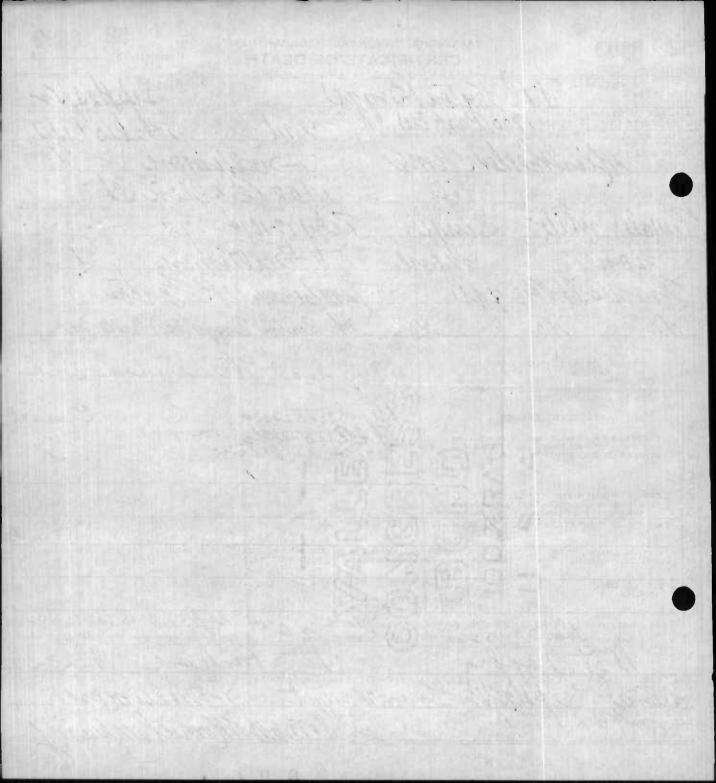
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ALLER AND THE PARTY OF THE PART A TAKER TO BUT AT MEMBERS AND

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. I institution : residence A. Baltimore City, Maryland 8. COUNTY before admission) (If not in hopital or institution, give street at dress or B. FULL NAME OF HOSPITAL OR (N outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS of rural, give location) Yrs. Mos Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) AGE (In years | | Under | Year | | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. Narriec IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mornin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. DIVE INTERVAL BETWEEN 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH neum oma (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 1952, and that death occurred at 5.45 An., from the causes and on the date stated above. deccased alive on. 23A. SIGNATURE 23BAADORESS 23c. DATE SIGNED arlan 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) SUMA DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

VS 150

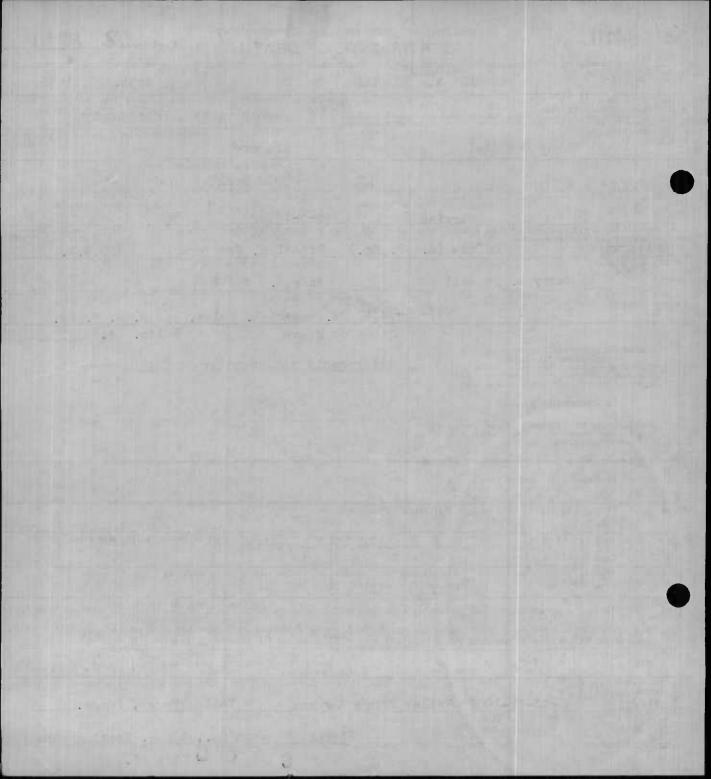


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### BALTIMORE CITY HEALTH DEPARTMENT

Registered Ro 8810

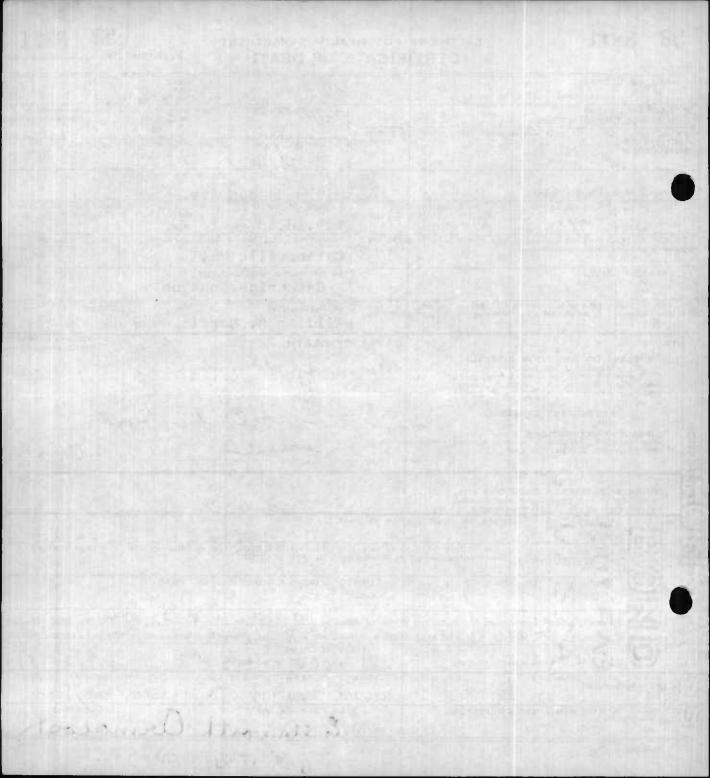
В	IRTH NO.			CERTIFICA	TE OF DEATH Registered No.
	NAME OF E	DECEASED	AUBREY	GIRARD RUSSELI	2. DATE OF Sept. 23, 1952
Α.	Baltimore FULL NAME	City, Maryland	al or institut	ion, give street address	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
H	OSPITAL OR	Mercy Hos		locatio	
	ength of s	stay in Baltimore		Yrs Mos Day	3022 Rombiler Rond
1	sex	6.COLOR OR RACE white	WIDOW	E. MARRIED, /ED, DIVORCED (Speci rried	8. DATE OF BIRTH 9. AGE (In years     Under   Year   No Under 24 Hours   Months   Days   Hours   Min.
1 C	A. USUAL OC k done during most Salesma	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTR	
13	FATHER'S	NAME cleniz		GRICELY IR	14. MOTHER'S MAIDEN NAME
		Harry L.			Anna B. ? ?
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date:		16. SOCIAL SECURITY NO. 1557-05-5681	Mr. Robert L. Peltz. c/o A. &. P. Co.
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication with the complication of th	TH of dying, e. 1 ns the disease aused death SES  FANY, GIVIN STATING THE STAT	(B)	riosclerotic cardiovascular disease
AL C	19A. DATE C	OF OPERATION   1	∍B. MAJOR	FINDINGS OF OPE	ERATION   20. AUTOPSY?
EDIC/	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	21B. PLA about home, f	ACE OF INJURY (e. g. arm, factory, street, office bld	, in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	.E
	the ev	idence obtained by ath in my opinion	said Auto	psy, Inspection or	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above les , accident , suicide , homicide , undetermined .  23B. CHIEF MEDICAL EXAMINER
24	A. BURIAL,	CREMA- 24B. DATE	0-1	24c. NAME OF CEMET	M.D.   ASSISTANT MEDICAL EXAMINER
-110	on, REMOVAL (S Burial	Sept-25	-1952	Valley Forge	Gardens Valley Forge, Penna.
LC	TE RECEIVE CAL REGIST	BY REGISTRAR'S	SIGNATU Ton	RE lieus, M.P.	\$25. FUNERAL DIRECTOR ADDRESS \$tewart & Mowen Co., 108 W. North Avenue
V	S 151			- 2.9 CA	(An 8 8 0 5 city #1.



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8811 Registered No.

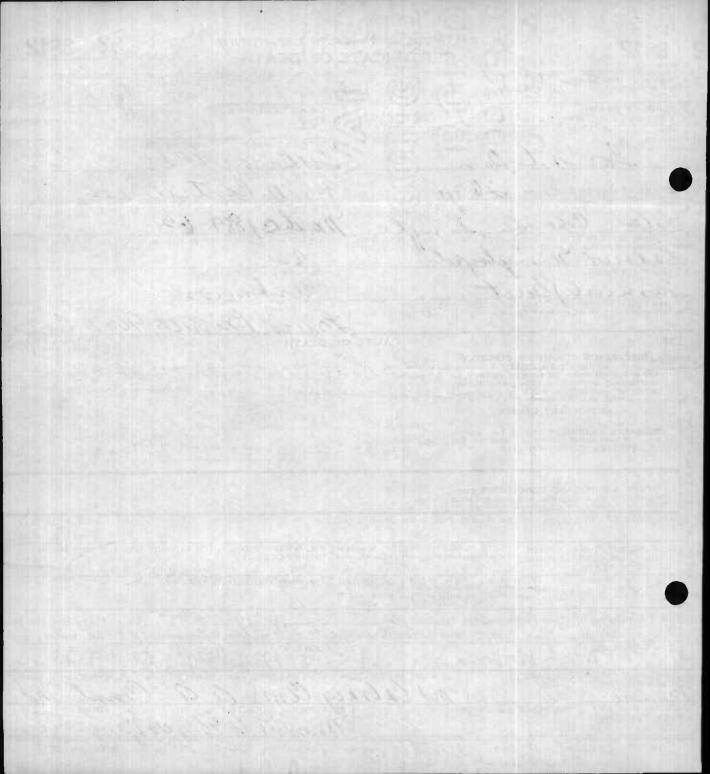
ВІ	RTH NO.			CERTIFICATE	OF DEATH		
	NAME OF DECEASED ype or Print)					2. DATE	
(1	Ma:	ry D.	Norri	S		DEATH Sept	.23.1952
3.	PLACE OF DEATH: Baltimore City, Mary	oland Ba	ltimo	re_Md	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution : residence before admission)
-				on, give street address or	Md.	B. COONTY	/ L
H	OSPITAL OR	.00 111 11002/100	. 0	location	C. CITY OR TOWN (If	outside corporat limits	write RURAL and give
IN	STITUTION				Baltimore	40	township)
-				Yrs.	D. STREET ADDRESS (If	rural, give location)	
	anoth of star in Pal	ltime ama	7.0	Mos.			
5	ength of stay in Bal			ears Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
			WIDOW	ED, DIVORCED (Specify)		last birthday) Mor	ths Days Hours Min.
	Female   Whi		11 20 00	owed	Nov.18,1873	79	
	A. USUAL OCCUPATION done during most of working life, e		10B. KIND	INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	At Home				Catonsville Mo		
13	. FATHER'S NAME				14. MOTHER'S MAIDEN NA		
	Mathew Da	ley			Catherine Do	onahue	
15	. WAS DECEASED EVER IN	U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	AC	DRESS
(10	NO (If yes, giv	ve war or dates	oi service)	None	William H. Non		addon Ave.
	10					120 1000 11	INTERVAL BETWEEN
	18. 420.0	1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR COL	TO DEAT		Gm.	Throm	da- 1 - 1	166-1
	(This does not mean heart failure, asthenia,				nary		U remis
	injury or complication						THE PARTY OF THE
	ANTECEDI	ENT CAUSE	ES	A .	- 10	4 11	1
z				(B) (m)	eno scler	the /tear	
0	DISEASES OR COND				10		
AT	UNDERLYING CONT				disease		5ms.
2				(C)			
ERTIFICATION		11					
20	OTHER SIGNIFICAN						
Ū	TO THE DISEASE OR	4					
4	19A. DATE OF OPERAT	TON 19	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	rune.		210 01 4	CE OF INITIDY ( i-	or 21c. WHERE DID (I	f in Baltimore City, g	YES NO NO
IEDICAL	21a. ACCIDENT WAS LYING☐ OR CONTRIE CAUSE OF DEATH			.CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e		I III Baltimore City, g	ive exact location)
Σ	21D. TIME (Month) (I	ay) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	F INJURY			WHILE AT NOT WHILE			
L			m.	WORK LATWORK L	11 1152	7 2252	
	22. I hereby certify	that I atte	ended the	deceased from	2ch - 11, 1952, to 1		that I last saw the
	deceased alive on	74 23	, 19_5_,			he causes and on th	e date stated above.
	23A. SIGNATURE	Man	-lea		4108 Sherty	1st	9 24 5
2	A DUDIAL CREWAL 24	B. DATE			RY OR CREMATORY 248. L	OCATION (City town	
TIC	ON. REMOVAL (Specify)						
-		ept. 2				Baltimore,	Maryland
	ATE RECEIVED BY REDCAL REGISTRAR	GISTRAR'S	SIGNATU	RE	25. FUNERAL DIRECTOR	1 (1)	ADDRESS
		H-P	ton 1	Villiams M.P.	& elgunst	ti Com	acost
7	EVs 450 1952		13				
	1005				4600 Liberty	Heights Av	e.
	And the second second second			Pro 1	8 0 0 0	Ser in the service of	The second second



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CATY OR JOWN ! INSTITUTION Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work downduring most of working life, even if retired) INDUSTRY 13. FATHER'S NAME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years) If Under I Year If Goder 24 Hours last birthday) Months; Days Hours! Min. 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unkoown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF 422.1 DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE m. WORK AT WORK 22. I hereby certify that I attended the deceased from. and that death occurred at 30d deceased alive or 19. 23A. SIGNATUR 23B. ADDRESS

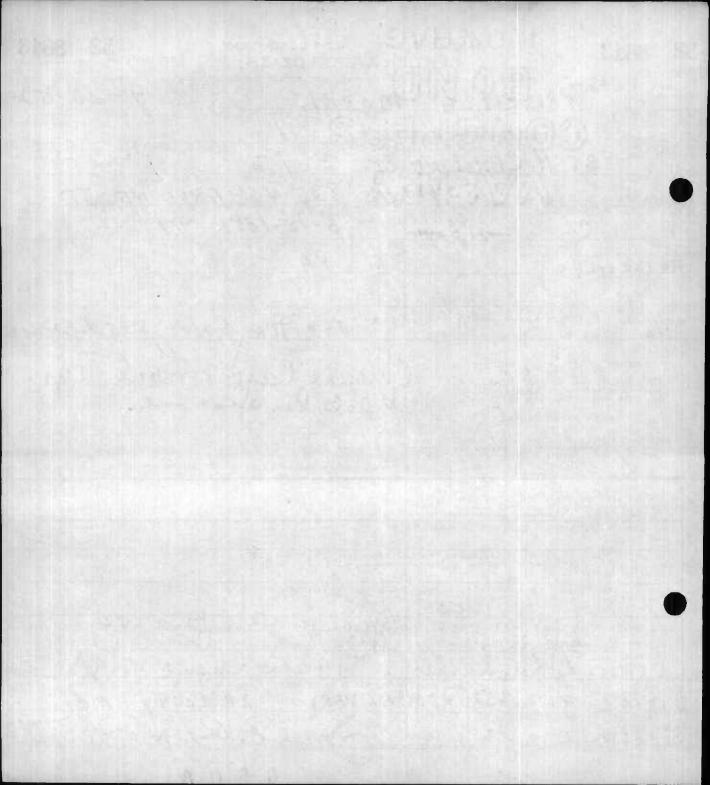
19\_\_\_, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE MANN DATE RECEIVED BY REGISTRAR'S SIGNATURE! FUNERAL DIRECTOR ADDRESS LOGAL REGISTRAR



## BALTIMORE CITY HEALTH DEPARTMENT

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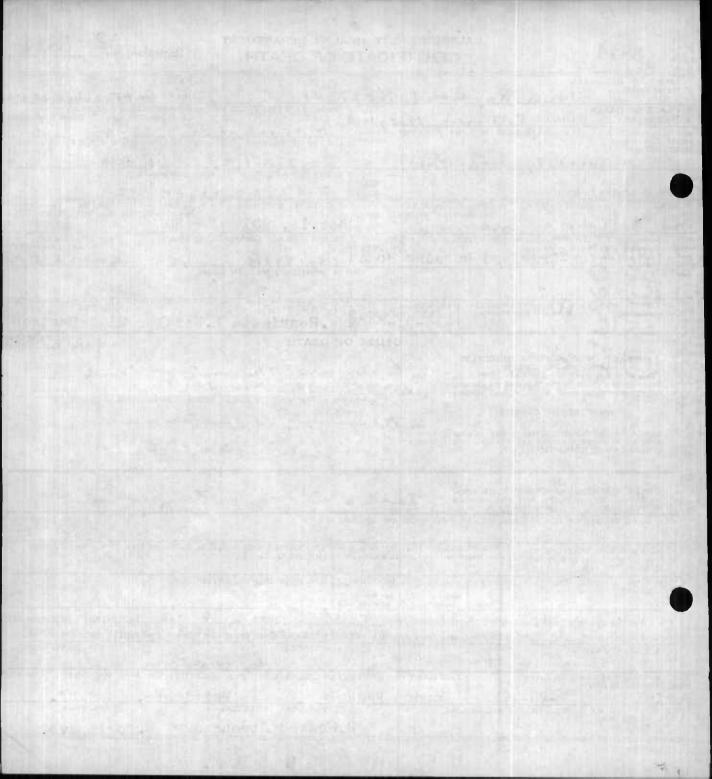
0	2 8813	FRIFICATI	E OF DEATH	Registered No	COTO
	RTH NO.	ERTH TOAT	L OI DEATH		
(T	NAME OF DECEASED PRISCILLY	4 Mo	PR15	2. DATE OF DEATH	22-52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution	, give street address or location)		outside corporat) limits,	Pho Pichal and give
IN	STITUTION 835 N. CAREL	INE St.	Ba/10:	ousside corporate mines,	township)
	ength of stay in Baltimore 56	YRJ Mos. Days	835 N. O	rural, give location)  PRSLINE	54
5.	SEX 6.COLOR OR RACE 7. SINGLE. WIDOWEI	MARRIED. D, DIVORCED (Specify)	3 - 15 - 1881	9. AGE (In years) II Un	der I Year   If Under 24 Hours hs Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of 10B, KIND C	F BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1:	2. CITIZEN OF
	doue during most of working life, even if retired)	INDUSTRY	YA.		WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME >	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1/es 835	N. CARSLIN
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE  (A)  DUE TO  (B)  DUE TO  (C)	cuic Carli	o-Teurl	INTERVAL BETWEEN ONSET AND DEATH
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		INDINGS OF OPER	RATION	The continu	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER-   21B. PLAC	E OF INJURY (e. g., in, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
2	INJURY	E. INJURY OCCURR  ILE AT NOT WHILE ORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended the dedeceased alive on the 1940 ar		ua 10, 1912, to 8.	he dauses and on the	that I last saw the
	23A. SIGNATURE	214	239. ADDRESS	Qa O	23c. DATE SIGNED
2. TI	A. BURIAL CREMA- N, REMOVAL (Specify) 9-25152 24	C. NAN E OF CEMETE	VARY A.A	COUNTY,	nd,
	THE RECEIVED BY REGISTRAR'S SIGNATURE CALL REGISTRAR	Highes M.P.	5. FUNERAL DIRECTOR	21 6 130	Un Perland



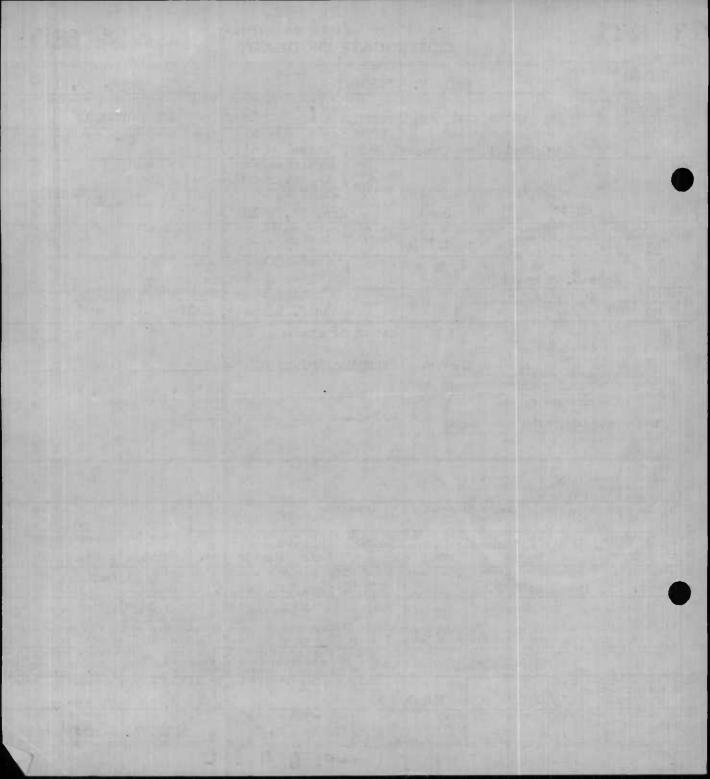
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8814

1. NAME OF DECEASED (Type or Print)	2. DATE
John Raymond Ne	STLES DEATH SEPTEMBER 22 175
A. Baltimore City, Maryland Baltimore Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address of hospital or	MARYLAND
INSTITUTION	c. Cit i Ok 1000k (ii outside corporate ments, with stockar and give
University Hospital	D. STREET ADDRESS (If rural, give location)
Mos.	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	LO DATE OF RIPTH LO ACE (In yourse) Williams Vess Lik Body Williams
male white married	Nov.11, 1901   Solution   Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Administrator - Crawford Nursing Home	Mew York United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
114-01-343	rs. Henriette L. Nestler 2117 Denison
18. 420.1 CAUSE	OF DEATH INTERVAL BESTEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	many The omboord and
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	reas deal inforction
ANTECEDENT CAUSES	or, any anting almen
Z DISEASES OF COMPLETIONS IT IN (B)	usalzed cuterior duos
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	rogestine Heart Failure
OTHER SIGNIFICANT CONDITIONS CON-	willow
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ayacang andry untille
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
215. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI	RED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 9	- 21 , 1953, to 9 - 32 , 1953, that I last saw the
	erred at 📭: • S Am., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
Uniquie M.D.	University Hospital 9/22/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9-25-1952   Loudon Par	
DATE RECEIVED BY REGISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR ADDRESS
SEP 24 1950 Hantington Welliams, My	G. Howard Strong 3207 W. North Ave.
VS 150	800000



15	693	.0		CERTIFICAT	E OF DEATH	-1	Registered	No_	8815
ВІ	RTH NO.			CERTIFICAT	E OF BEATF	(			
	NAME OF E	DECEASED	EM.	IL E. BARNE	T		OF Ser	t. 2	3, 1952
A.		City, Maryland			4. USUAL RESIDE A. STATE Ma.ryl	NCE (Where	deceased lived.	If institut	tion : residence before admission
HC	FULL NAME SPITAL OR STITUTION	OF f not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN				e RURAL and giv
		South Ba	ltimore	General Hosp	Glen Burni			7-0	township
	anoth of	stay in Baltimore		Yrs. Mos.	Box 306-Sol				
	sex	G.COLOR OR RACE white	MIDOM	Days  . MARRIED. ED. DIVORCED (Specify) Proed	8. DATE OF BIRTH	9. 4	GE (in years		Year If Under 24 Hours Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	108. KIND	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI				ITIZEN OF VHAT COUNTRY
13	FATHER'S			CONST.	14. MOTHER'S MAI	DEN NAME			
		John R. Barnet	t		Anna Macl	Millan			
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	John R. Barne	ett, Sol		ADDRES Glen	
ERTIFICATION	heart fail injury or DISEASE RISE TO UNDERL	LEADING TO DEA: s not mean the mode of ure, esthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDIG TO THE DEATH, BUT	of dying, e. g ins the disease caused death. SES  F ANY, GIVIN STATING TH AST.  TIONS CON NOT RELATE	(B) (B) G E DUE TO (C)	ng injury of	chest			
U	THE RESERVE TO SHARE THE PARTY OF THE PARTY	OF OPERATION 1	The second secon	FINDINGS OF OPER	ATION		,		20. AUTOPSY7
MEDICAL	21D. TIME OF INJURY		about home, fa	CE OF INJURY (e.g., information, factory, street, office bldg., road  Ple. Injury occurr  THILE AT NOT WHILE AT WORK  Tremains described (e.g., information)	Penningto 21f. How DID X car-struck	on Ave. INJURY OCC back on spectio	f truck n & inqu	give extends of the continuation of the contin	Road of
	the ev	idence obtained by eath in my opinion	said Autoresulted fr	psy, Inspection or r	nauiry, find that	said deceas	nomicide 🔲,	the day undete	ermined .
	23A. SIGNA	TURE 1987	isher	M	238. CHIEF MEI ASSISTANT MEI .D. MEDICAL INVE	DICAL EXAM	IINER	Sept.	TE SIGNED 24, 1952
24 TIO	A. BURIAL. ON. REMOVAL (S TEMOVA		2	Morehead	RY OR CREMATORY	Morehe	TON (City, tow	n, or cour	nty) (State)
DA	TE RECEIVE CAL REGIST FP 24 1	D BY REGISTRAR	S SIGNATU		Wm-Cook			Paul	RESS l Street
٧	S 151 /	-812,2	Ū,	5 5/0/2	4088	10			No.



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\$2	8816

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

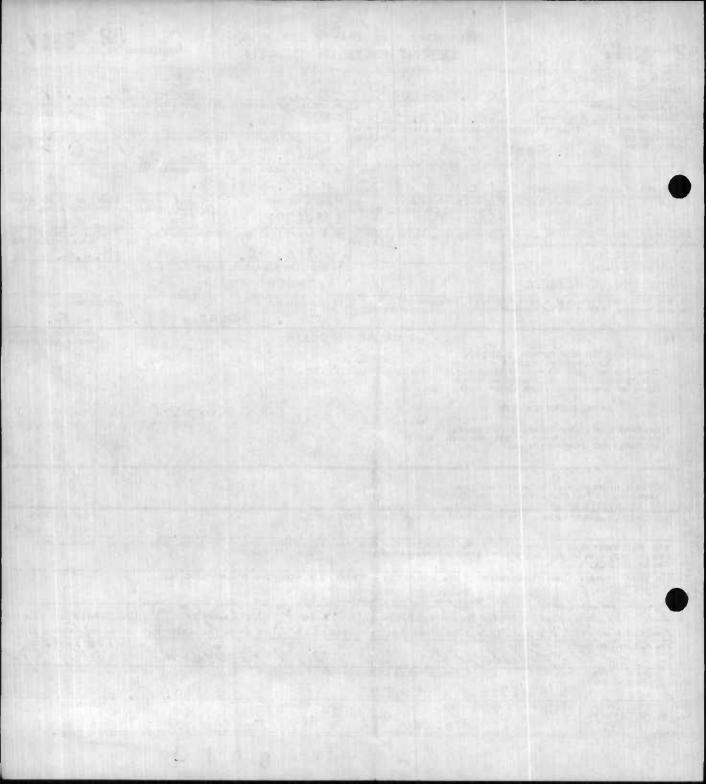
Registered No. 8816

В	RIA NO.		
	NAME OF DECEASED James Jasper Ye	well 2. DATE OF DEATH Sept.	23,1952
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution; residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION	c. CITY OR TOWN (If outside corporate in s.)	
1	Union Memorial Hospital.	Baltimore - 17	township)
	ength of stay in Baltimore 7/ grs. Mos. Days	1510 Park Avenue	
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		l 1 Year If Under 24 Hours B Days Hours Min.
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Painter  Painter	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
	James J. Yewell	Susan Elizabeth Drape	٧.
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDR	
	s, no or nukown) (I) yes, give war or dates of service) SECURITY NO.	JAMES LYEWELL, 2131 E. NO	ATH AUS.
	18. 4701 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	mary Ocalusion	4 har ?
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	alized arteriorchoris	
	ANTECEDENT CAUSES	1 . 1 Onteringlemi	5-715 81110
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	way a vo oxor accord	
CAT	UNDERLYING CONDITION LAST.		
TIFE	II		
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i	n or   21C. WHERE DID (If in Baltimore City, give	exact location)
MED	HOMICIDE (Specify) about home, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT NOT WHILE		
h	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from Sept 23, 1952, and that death occur		
			3c. DATE SIGNED
24	M. D.    4A. BURIAL, CREMA- 24B. DATE 240 NAME OF CEMETE ON, REMOVAL (Specify)	RY ON SREMATORY 24D. LOCATION (City, town, or	county) (State)
	BURIAL 9/27/52 MORELAND	PARK MARKVILLE, MA	ARYLAND
	ATE RECEIVED BY REGISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR AL	
	CEDIO	Tra Core AC 127 She	odress licel
=	SFP 24 1852 Huntington Welliams, My	200 8 8 1 1217 Hb. Fa	ul Alreet

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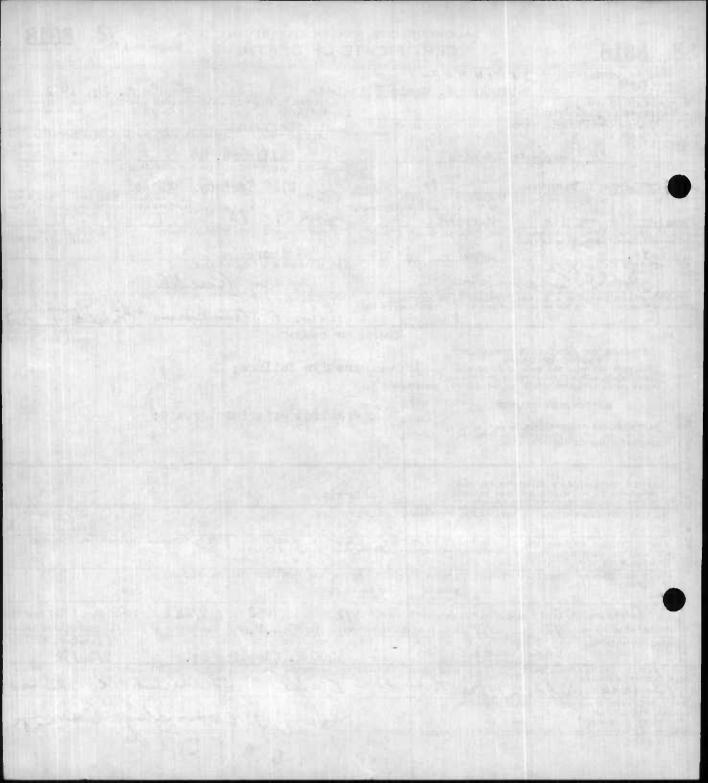
2 8817 CERTIFICATI	E OF DEATH Registered No.	8817
1. NAME OF DECEASED (Type or Print) Ursula M. Spencer	2. DATE OF DEATH Sept. 2	3,1952
S. PLACE OF DEATH:  A. Baltimore City, Maryland Balto City, Md  B. FULL NAME OF (If not in hospital or institution, give street address or	IVI CI .	ion : residence before admission)
HOSPITAL OR IOS E. West Street		BURAL and give township)
Pength of stay in Baltimore Life Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) IO5 E. West St.	
Female White T. SINGLE, MARRIED. Whowed DIVORCED (Specify)	8. ĐATE OF BIRTH  I/8/I877  9. AGE (In years   Months Distribution   Venture   Venture	
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY HOUSEWITE	Balto Md. U.S	HAT COUNTRY?
Ferdinand Schulz	Margaret Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRES Mary U. Spencer IO5 E. West	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Promie Endoiandetes &	ms.
OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		O. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	iu or 21C. WHERE DID (If in Baltimore City, give exected.) INJURY OCCUR?	act location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK)		
22. I hereby certify that I attended the deceased from deceased alive on 1952, and that death occur 23A. SIGNATURE	rred at from the causes and on the date	e stated above
24a. BURIAL. CREMA: 24B. DATE 24c. NAME OF CEMETE 24c. NAME OF CEM	Balto Md	nty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDR	

19520008812

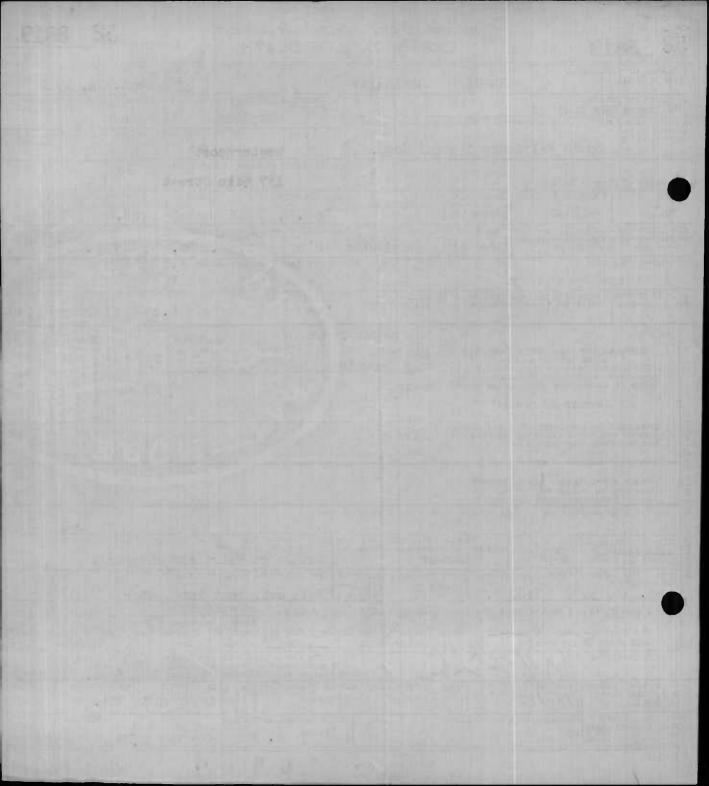


Registered No. 8818 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH STEIN KRAUS 1. NAME OF DECEASED 2. DATE (Type or Print) Steinkruse, Mamie Elizabeth DEATH Sept. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION townshlp) Daltimore, 18
o. STREET ADDRESS (If rural, give location) St. Joseph's Hospital Yrs. Mos. ength of stay in Baltimore 2709 Kennedyy Avenue Dave 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 28 Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Hwfe. Home Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME navy Kuch ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no or maknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive failure: (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Generalized arteriosclerosis: FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. RT 11 OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE GEATH, BUT NOT RELATED Cachexia TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION CAL NO A YES 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 2 Io. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE m. 1952 to . 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ 1952. and that death occurred a 8:25 A.M. from the causes and on the date stated above. deceased alive on 9/21 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Calo jamo 9/21/52 1400 N. Caroline St. 24A. BURIAL, CREMA-1248 DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) arle REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

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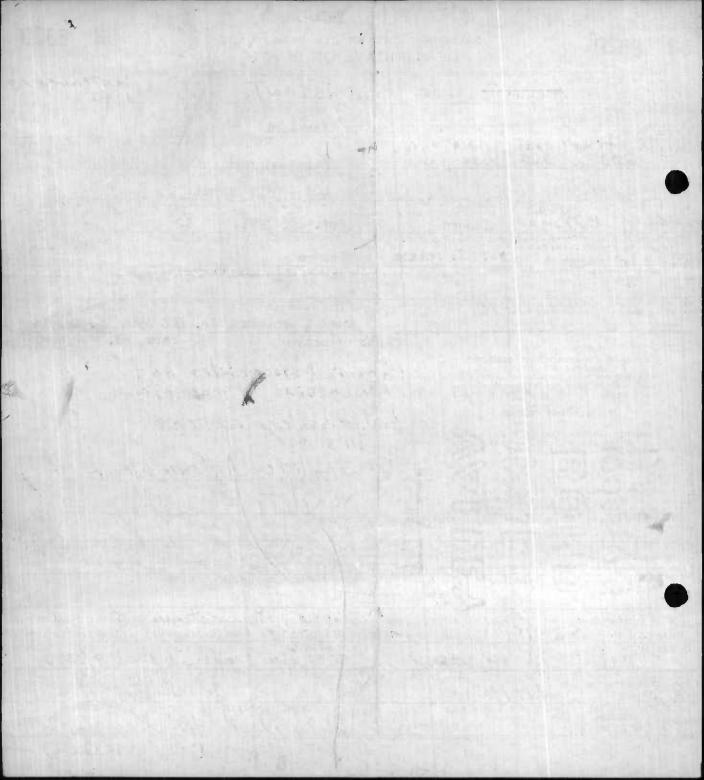


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1	25		CERTIFIC	ATE CO	DRRECTED_	9-24-52				
5	2 8	820				ALTH DEPART	1	T		8820
BI	RTH NO.	C/ P49 C/			CERTIFICAT	E OF DEAT	H	Registered 1	No.	
	NAME OF		Augu	ste 1	lugust Cr	PoissANT	2. D.	ATE S.	entem 952	64413
	PLACE OF Baltimore					4. USUAL RESIDE		. COUNTY	bef	: residence 'ore admission)
в. Н (	FULL NAM	R P	(If not in hospit	SAN	ion, give street address or location)	c. CITY OR TOWN	(If outside	corporate limit		JRAL and give
IN	STITUTION	00	8. Chorps	Polato	Jane.	Maryland	Park	6	6-00	township)
7					Yrs. Mos.	D. STREET ADDRE	ess (lf rural, g	ive location)		
c. 5.	sex /		LORADE BACE	7. SINGLE	Days Days	408 - 65tl		E (In years	If Under 1 Year	I Under 24 Hours
9	nale	1 6	white		ED, DIVORCED (Specify)	Apr. 20, 18	las	st birthday) M		
			TION (Give kind of ag life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign c	ountry)\	12. CITIZ WHA	ZEN OF
	tired F		man	D. C	. Police	France				
13	3. FATHER:	S NAME				14. MOTHER'S MA	IDEN NAME			
15	. WAS DECE	ASED EVE	R IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		A	DDRESS	
10	i, no or anamo	(21	yee, give war or date	or service,	SECURITY NO.	August Crois	sant Jr.	408 65th	St. M	aryland
	18. 4	20,0	,		CAUSE	OF DEATH		Park, M		T AND DEATH
	DIS	EASE OF	CONDITION		11	· MA	1.+.	A		7
		does not 1	mean the mode of henia, etc. It mea	of dying, e. s		vic MYOCA		/		Ď
			lication which		.) DUE TO MYJ	CARDIAC	Degene	RATION		
z		ANTE	CEDENT CAUS	SES	ARTE	Rioselers	Tic He	art		
2	RISE T	O THE AL	CONDITIONS, I	STATING TH		i'sea-se		, , , ,		
2	UNDE	KLTING	CONDITION LA	(5).	Con	ona 1:280	1 Arteu	pio colo		?
	OTHE	P SIGNII	II FICANT COND	ITIONS CO	(C)(F (V)	1 ,	77.761.60	110 30/11	20212	
1	TRIBUT	TING TO	HE DEATH, BUT	NOT RELATE	D.	Denility	<b></b>			/
١	19A. DAT				FINDINGS OF OPER	ATION			20.	AUTOPSY?
5	21A. ACC	IDENT S	HICIDE	218. PLA	CE OF INJURY (e.g., i	n or   21c. WHERE D	OLD (If in B	altimore City,	give exact	TA S
0	HOMICID		ecify)		arm, factory, street, office bldg.,					
2	21D. TIME		Day) (Year)		21E. INJURY OCCURR		INJURY OCC	JR?		
L			-	m.	WHILE AT NOT WHILE AT WORK					
	1		C	ended the	deceased from Oc. ] and that death occur	Dhen10, 195	2, to Septe	Maken, 19	Athat I	last saw the
	deceased		7	7		B. ADDRESS	7 1	· A		ATE SIGNED
	- //	rele	in n.	19m	M. D.	5000 Old	Treder	le Kons	or county	3/52 ) (State)
	REMOVA			1952	240. NAME OF CEMETE	NI OR CREMATORY	Was	skingtos	D.	C. (State)
	ATE RECEI	ISTRAR	REGISTRAR	SSIGNATI	Villiams M.D.	11 h	ECTOR CLS	12 21	ADDRES	One M.W.
3	VS 150	1332	Tarrett	Ü	thousand, but	W. W. KB	70	- Jole	- Jia	A 1)
	VS 150						A   G	h	JESH	mey ton

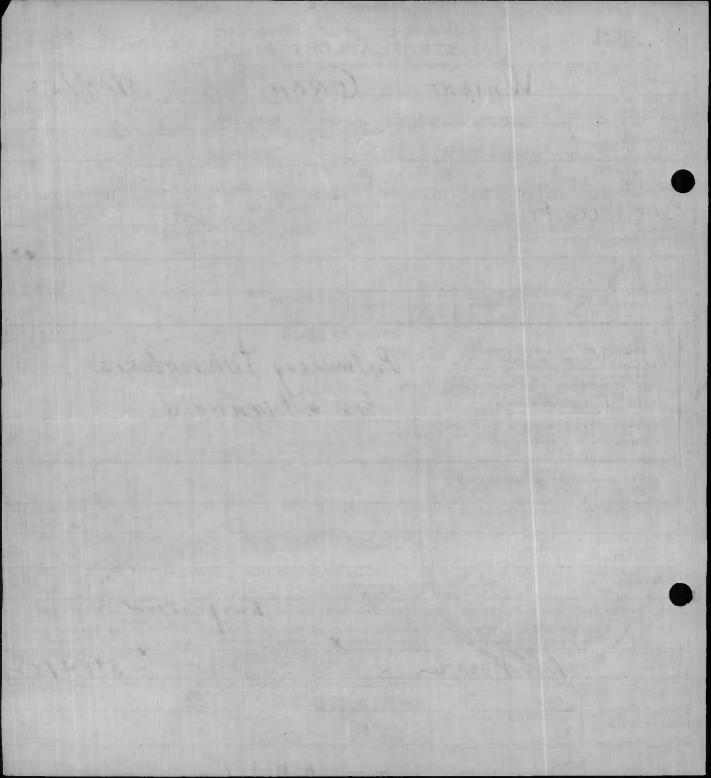
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BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RIGHT OF DEATH 3. PLACE OF DEATH: RESIDENCE (Where deceased lived, If institu A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days Broadway 9. AGE (In years II Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER SPNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 002 X ONSET AND DEATH monary Tuberculosis radyanced DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [ CR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🛒 accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

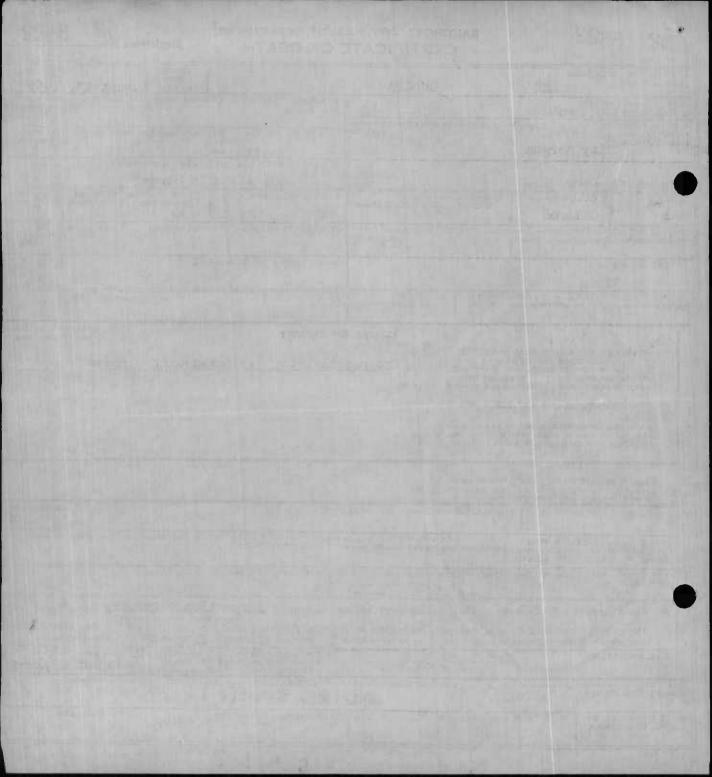
LOCAL REGISTRAR

W 5 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE LEE COLBERT DEATH August 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 401 Aisquith Street Length of stay in Baltimore Davs 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 Hours last birthday) Months; Days Hours: Min. 5. SEX 6. COLOR OR RACE I WIDOWED, DIVORCED (Specify) Male Colored 80 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAH OCCUPATION (Give kind of work done during most of working life, even if retired) 108 KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 18. H771 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriosclerotic Cardiovascular Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 20. AUTOPSY Ü 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO K YES CAL (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office hldg., etc.) ō UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes D, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 238. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER August 23,1952 MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE BROVEKSTY MEDICAL SCHOOL 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH September 23. OLLIE DAVIS 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland balto. B. COUNTY before admission) B. FULL NAME OF 'f not in hospital or institution, give street address or Marvland HOSPITAL OR (If outside corporate limits, write BURAL and give location) C. CITY OR TOWN 337 W. Biddle Street Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 341 Dolphin Street Yre. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under 1 Year | M Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 27 Dec.6. 1924 Female Col. Single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, evan if retired) INDUSTRY WHAT COUNTRY Homestead Pa. Domestic Private 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Method Guy E. Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Eugene H. Davis 4 Braddock No INTERVAL BETWEEN CAUSE OF DEATH 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT Autopsy 22. I certify that I took charge of the remains described above, held an \_ Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{Z} \), accident \( \mathbb{L} \), suicide \( \mathbb{L} \), homicide \( \mathbb{L} \), undetermined \( \mathbb{L} \). 23c. DATE SIGNED

24A. BURIAL 248. DATE 24c NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) CREMA-TION, REMOVAL (Specify) Braddock Cem. Braddock Pa. North Buria

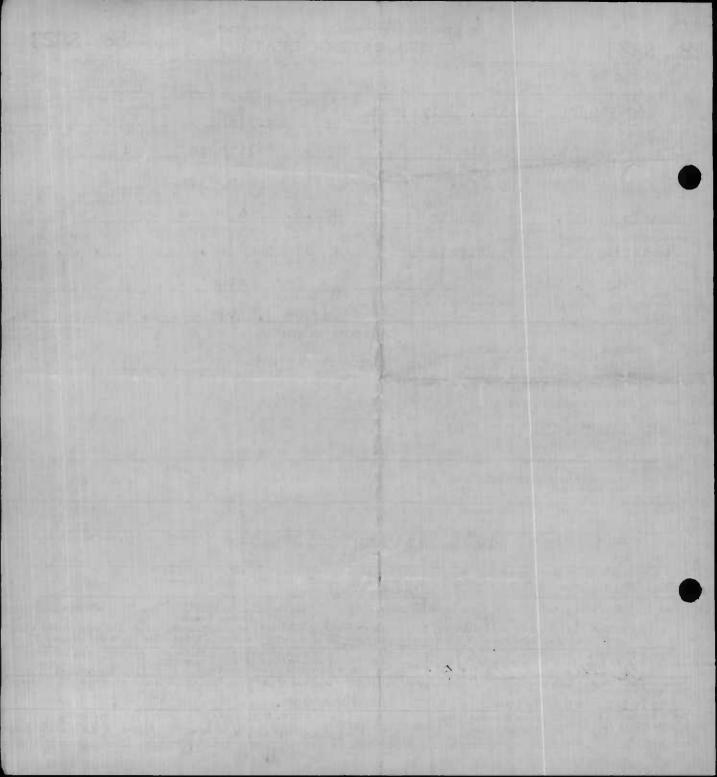
DATE RECEIVED BY OCAL REGISTRAR

township)

If Under 24 Hours

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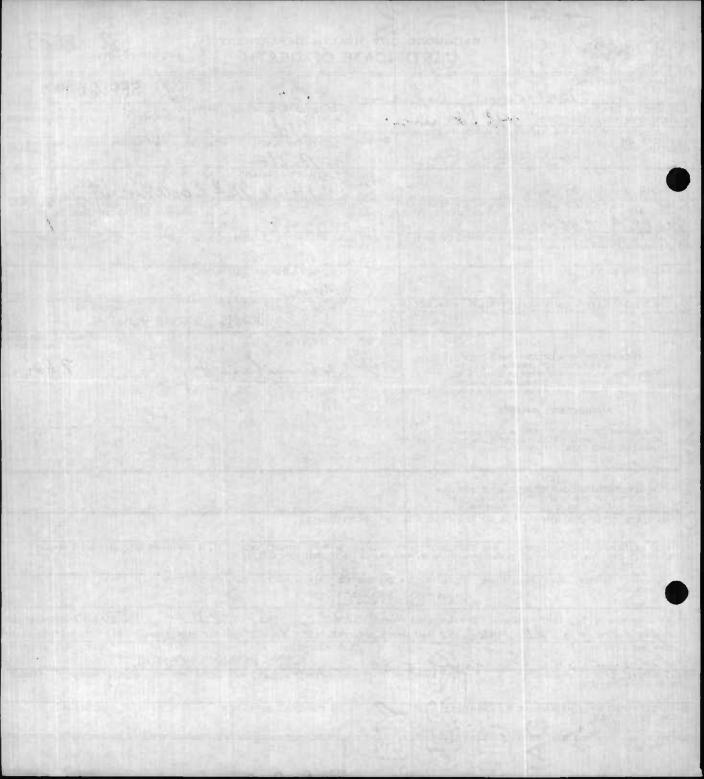
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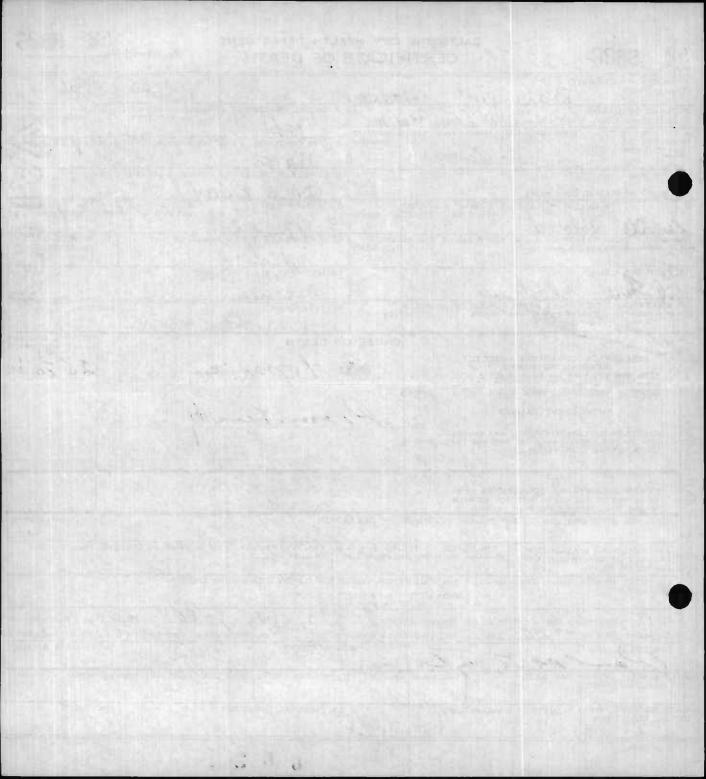
110 11.0				P. C
LET @ \GO(C) * Z-41/// [		EALTH DEPARTMENT		52 8824
BIRTH NO. 11-22188	CERTIFICATI	E OF DEATH	Registe	red No.
Type or Print) Babu and	ashuron.	" a "	2. DATE OF DEATH	SEP 20 1952
A. Baltimore City, Maryland	Press	A. USUAL RESIDENCE	(Where deceased liv B. COUN	red. If institution: residence before admlsslon)
B. FULL NAME OF (If not in hospital or institution	location)	c. CITY OR TOWN	If outside corporate	limits, write RURAL and give
INSTITUTION LOHNS HOPKIN	S HOSPITAL	Balto:	5	township)
12 6 4 1 7 21	Yrs. Mos.	o. STREET ADDRESS (	If rural, give location	on)
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (V) yes	ars If Under I Your If Under 24 Hours y) Months Days Hours Min.
female colored.	S, DIVORCED (Specify)	9 52		y) Months Days Hours Min.
Work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
SE WAS DESTACED THE CO.		Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKIN HE	ADDRESS
18. 776× 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.	60	lunde.		8260.
heart fallure, asthenia, etc. It means the disease injury or complication which caused death.				
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	***************************************	********************************	o
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
	(C)			
<u>r</u>	(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT BELATION.				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		T.O.		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR		ATION		20. AUTOPSY? YES NO
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, fa		n or   21c. WHERE DID	(If in Baltimore	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, fa about home, fa 21C. TIME (Month) (Day) (Year) (Hour) 2	FINDINGS OF OPER	n or 21c. WHERE DID		YES NO
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER- 21B. PLAN about home, far CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour) 2 W	FINDINGS OF OPER CE OF INJURY (e. g., in	ED 21F, HOW DID INJU	RY OCCUR?	YES NO City, give exact location)
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER- 21B. PLAN about home, far CAUSE OF DEATH  21O. TIME (Month) (Day) (Year) (Hour) 2  PF INJURY m.  22. I hereby certify that I attended the control of the	FINDINGS OF OPER  CE OF INJURY (e. g., it is it	ED 21F. HOW DID INJU	RY OCCUR?	YES NO City, give exact location)  1952 that I last saw the
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER- 21B. PLAN about home, far CAUSE OF DEATH  21O. TIME (Month) (Day) (Year) (Hour) 2  21 hereby certify that I attended the deceased alive on 9-20-1952, and dece	FINDINGS OF OPER  CE OF INJURY (e. g., it is marked to compare the control of the	ED 21f. HOW DID INJU  19540  19540  21f. HOW DID INJU  19540  19640  19740  19740  19740  19740  19740  19740  19740  19740	RY OCCUR?  7-20-  , the causes and	YES NO City, give exact location)  1952 that I last saw the
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, fa about home, fa cause of Death  210. TIME (Month) (Day) (Year) (Hour) DF INJURY  22. I hereby certify that I attended the addressed alive on 9-20-, 1952. a 23A. SIGNATURE	FINDINGS OF OPER CE OF INJURY (e. g., irrm, factory, street, office bldg., c  1E. INJURY OCCURRING HILE AT NOT WHILE WORK AT WORK deceased from Grand that death occur  M. D.	ED 21f. HOW DID INJU  19.5 to	RY OCCUR?  7- 21 - , the causes and	YES NO City, give exact location)  1952 that I last saw the on the date stated above.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, facuse of DEATH  210. TIME (Month) (Day) (Year) (Hour) Prinjury m.  22. I hereby certify that I attended the deceased alive on 9-20-, 1952. a  23A. SIGNATURE	FINDINGS OF OPER CE OF INJURY (e. g., irrm, factory, street, office bldg., c  1E. INJURY OCCURRING HILE AT NOT WHILE WORK AT WORK deceased from Grand that death occur  M. D.	ED 21f. HOW DID INJU  19540  19540  21f. HOW DID INJU  19540  19640  19740  19740  19740  19740  19740  19740  19740  19740	RY OCCUR?  7- 21 - , the causes and	YES NO City, give exact location)  1952 that I last saw the on the date stated above.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER- 21B. PLAN about home, far CAUSE OF DEATH  21O. TIME (Month) (Day) (Year) (Hour) PF INJURY  22. I hereby certify that I attended the deceased alive on 9-20-, 1952. a 23A. SIGNATURE	FINDINGS OF OPER  CE OF INJURY (e. g., in rm, factory, street, office bidg., c., in the control of the control	ED 21f. HOW DID INJU  19.5 to	7-21-, the causes and PKINS HOSPI LOCATION (City,	YES NO City, give exact location)  1952 that I last saw the on the date stated above.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, far CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) DF INJURY  22. I hereby certify that I attended the deceased alive on 9-20-, 1952. a 23A. SIGNATURE  24A. BURIAL, CREMATION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE	FINDINGS OF OPER  CE OF INJURY (e. g., in rm, factory, street, office bidg., c., in rm, factory, street, office bidge, c., in rm, factory, street, office bi	ED 21F. HOW DID INJU  22F. HOW D	7-21-, the causes and PKINS HOSPI LOCATION (City,	YES NO City, give exact location)  1952 that I last saw the on the date stated above.  23C. DATE SIGNED town, or county) (State)

7	500	2						
P	52018	85			EALTH DEPARTMENT	Registere	52 8	3825
В	RTH NO.	2-2218	1	CERTIFICAT	E OF DEATH	Registere	u No.	
	NAME OF D	Babu	bou	1. shoron	"B"	2. DATE OF DEATH	EP 20	1952
	PLACE OF D Baltimore (	City, Maryland	+RP/	lene	4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY		: residence ore admission)
H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location)		f outside eorporate l	imita write RU	
	- Interior	IOHNS H	OPKINS E		Balto.	5	Ul	township)
G.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location	1st.	
-	male	Colored Colored		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH  9-19-52	9. AGE (In year) last birthda	If Under   Year Months Days	If Under 24 Hours Hours Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ WHA	T COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
					mary			
(Ye	. WAS DECEASI	ED EVER IN U.S. ARMI (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HO	SPITAL	
								AND DEATH
ERTIFICATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L	) STATING TH					
CERTIF	TRIBUTING	II IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.0				
		F OPERATION		FINDINGS OF OPER				AUTOPSY?
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE DID (Cetc.) INJURY OCCUR?	If in Baltimore Ci	ty, give exact	location)
M		(Month) (Day) (Yea.	,	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK				
	22. I hereb deceased a	live on 9-20	ttended the		19- ,1952 to 9 rred at 5: YJM., from t 23B. ADDRESS JOHNS HOPKIN	the causes and o	n the date s	last saw the tated above.
2.4 TIC	AA. BURIAL, ON, REMOVAL (S	CREMA- 248. DATE Specify)			RY OR CREMATORY 24D. L		own, or eounty)	(State)
	ATE RECEIVE CAL REGIST		S'S SIGNATU	Villiams, M.	25. FUNERAL DIRECTOR		ADDRES	S

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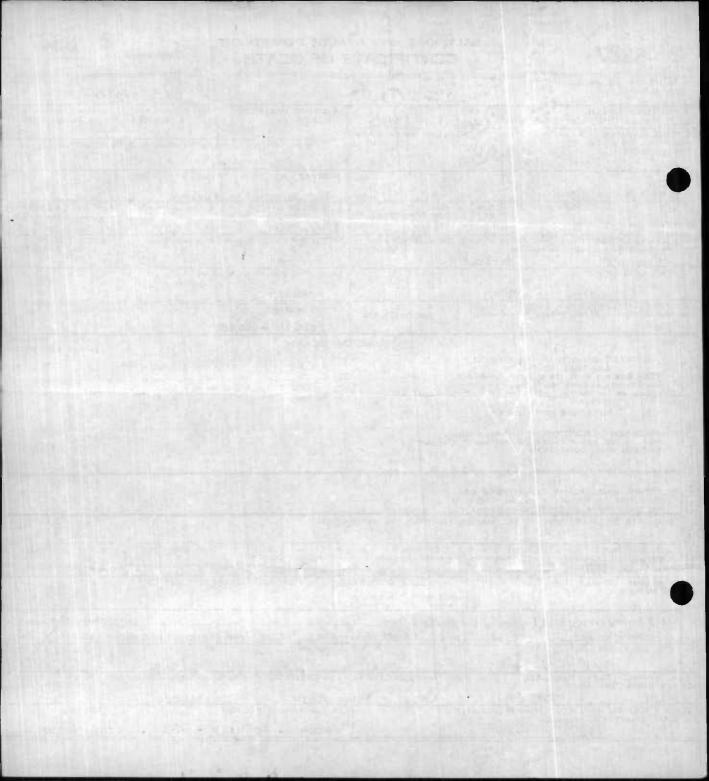
1	5.5	20	BA		EALTH DEPARTMENT		52 8826
BI	RTH NO.	52-221	73	CERTIFICATI	E OF DEATH	Registered N	0
1. (T	NAME OF D 'ype or Print)	ECEASED BALL	CIMI	1 Gladue	V	of SEP 2	0 1952
	PLACE OF D Baltimore (	City, Maryland Ha	rrix L	ane Present hur.	4. USUAL RESIDENCE (		nstitution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION			tion, give street address or location)	c. CITY OR TOWN	If outside corporate limits,	, write RURAL and give township
7	3	JOHNS HOPKII	NS HOSI	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
6	ength of s	tay in Baltimore	7 51140	Mos. Days E. MARRIED.	420 N E.d		Under 1 Year   If Under 24 Hours
٥.	lemale	Colored		VED, DIVORCED (Specify)	9-19-5-2		Under 1 Year If Under 24 Hours this Days Hours Min.
Mor)	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	NAME O. A.			14. MOTHER'S MAIDEN	NAME	
15 (Ye	S. WAS DECEASE a, po or ook oown)	ED EVER IN U. S. ARMEI (If yee, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT  JOHNS HOPKI		DDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-					.;4 <sub>3</sub>	INTERVAL BETWEEN ONSET AND DEATH
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., i ferm,factory,street,office bldg.,		(If in Baltimore City, g	YES NO Live exact location)
Σ	21D. TIME	Month) (Day) (Year)	m,	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereb	y certify that I att	tended the	deceased from 2- and that death occur	79- 1952 to 9	the causes and on th	that I last saw the date stated above
	23A. SIGNA	TURE	5 2	2	JOHNS HOPKINS H	OSPITAL	23c. DATE SIGNED
24 TIC	AA. BURIAL, CON, REMOVAL (S	CREMA- 24B. DATE pecify)	-	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
D.	ATE RECEIVE		SSIGNATI		25. FUNERAL DIRECTOR		ADDRESS
	VS 150		1	5 2 0	0 6 8 2	1	



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8827

BI	RTH NO.									
1. (T	NAME OF D	ECEAS	ED	THEN	NITUA DIID TUA		2. DATE OF	7 /50		
	PLACE OF D Baltimore (		Iaryland 4		NIKA DURIKA belle Avenue	4. USUAL RESIDENCE (W	DEATH 9/2 Where deceased lived, If B. COUNTY	institution: residence before admission)		
H	FULL NAME OSPITAL OR STITUTION	OF (	If not in hospit	tal or institut	ion, give street address or location)	c. CITY OR TOWN (If	outside comorate li mt	s, write RUPAL and give township)		
Ų,	N. Comment				V	Baltimore		1		
	an out has a star	A	D-14		Yrs. Mos.	D. STREET ADDRESS (If				
	Length of s		OR OR RACE	7. SINGLE	Dnys Dnys	8. DATE OF BIRTH		Under I Year   If Under 24 Hours		
	F	Till a	W	WIDOW	/ED, DIVORCED (Specify)	?/?/1863	last birthday) Mo	nths Days Hours Min.		
	A. USUAL OC				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Housewor			Home		Europe				
13	. FATHER'S 1	NAME				14. MOTHER'S MAIDEN NA	AME			
				nown		Unknown				
15 (Ye	. WAS DECEASI	ED EVER	IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS		
`	No					Family - Same				
	18. 42	21				OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY									
Н	(This does	not me	ING TO DEA	of dying, e. g	••• (A) •••••••••••	worlde . Yo obstate				
			enia, etc. It mes eation which							
		ANTEC	EDENT CAUS	SES				5407		
Z					(B)					
0	RISE TO T	HE ABO	ONDITIONS, I	STATING TH	IG					
A	UNDERLYING CONDITION LAST.									
FIC							***************************************			
ERTIFICATION	OTHER S	IGNIFI	II CANT COND	ITIONS CON	. 1					
CEF	TRIBUTING	TO TH	E DEATH, BUT	NOT RELATE	D DYSU	hopolimone	- 2 webs			
	19A. DATE C		7 120		FINDINGS OF OPER	AT164		20. AUTOPSY?		
EDICAL		R CONT	AS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, g			
Σ			(Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	COCCUR?			
	F INJURY	,	(- 45) (4 - 44		WHILE AT   NOT WHILE					
h				m.	WORK L AT WORK, L	1	Vall/			
	22. I hereb	y certi	fy that I at	tended the	deceased from 1 4	1950, to	1/	that I last saw the		
	deccased at		THE STATE OF THE S	1, 19.5	and that death occur	red at 11 m., from to	he causes and on th	he date stated above.		
		150	9/2/	best	м. р.	4700 Jennin		Syl. 12 1952		
24 TIC	N. REMOVAL (S	CREMA-	248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)		
_	В		9/25/5		Cathedral C	emetery Ba	ltimore			
	ATE RECEIVE CAL REGIST		REGISTRAR	'S SIGNATI	JRE	25. FUNERAL DIRECTOR		ADDRESS		
	5 - 24	1952	Muste.	aton 1	111.	James L. McCully	7 - 130 E. Fo	rt Avenue		
	VS 150			0						
				2	i to	00000				

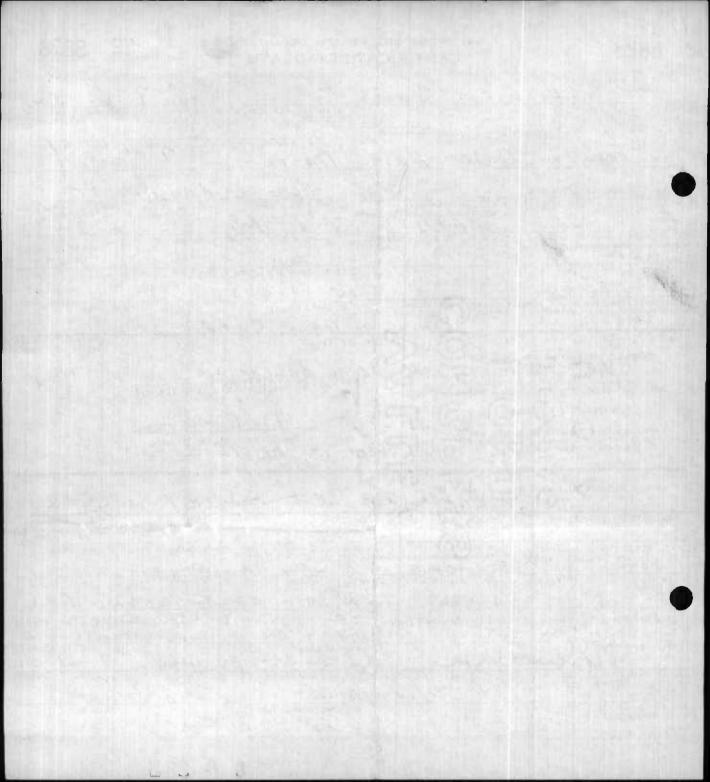


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2	8828	3
BIRTH	H NO.	

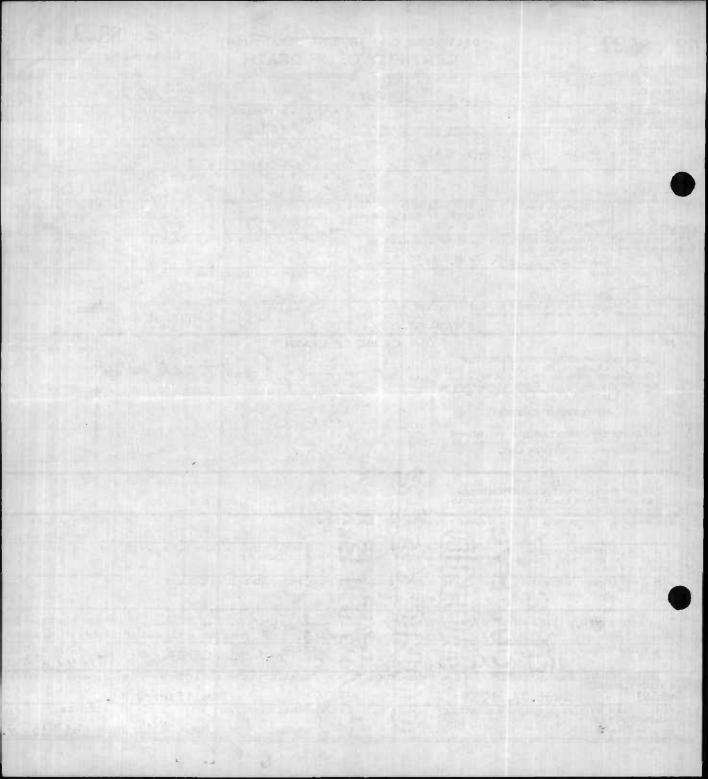
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 8828

B	IRTH NO.	CE	RTIFICATI	E OF DEATH	Registered 1	No.
_						
	NAME OF DECEASED Type or Print)	H-11-m	JULIA	E.	2. DATE. OF DEATH	-23-52
Α.	Baltimore City, Maryland	/		4. USUAL RESIDENCE		institution: residence before admission)
H	FULL NAME OF (If not in hospit	al or institution, g	ive street address or location)	c. CITY OR TOWN (	If outside cornerate limi	s, write RURAL and give
0	STITUTION FRANKLYN S	QUARE	Hosp	BALTO	7-4	township
	ength of stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location	-
5	SEX 6. COLOR DR RACE	T CINCLE MA	Days	506 5	RANUALL	
	f w	MAR	DIVORCED (Specify)	7-4-1869	9. AGE (In years last birthday) Mo	Il Under 1 Year If Under 24 Hours on this Days Hours Min.
1 C	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	ASUSF.			4.0	12 11 3 11 11 11	USA
	FATHER'S NAME			14. MOTHER'S MAIDEN !	NAME	
	ENGLEHARS			E. WURST		
Ye	. WAS DECEASED EVER IN U. S. ARMEI s, no or unknown) (If yes, give war or date	se of service)	SOCIAL SECURITY NO.	17. INFORMANT		DDRFSS
-		14.	NKNOWN	HOSP-CH	TRI	
	18. 443 x and E	904.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA	TH	0.000			
	(This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	of dying, e.g., ins the disease,	(A) CFRESK	CERTIFICATION	A APPROVED RV	7094
	ANTECEDENT CAUS			XXX	- 0	2
200	DISEASES OR CONDITIONS, II	F ANY, GIVING	(B) HCVD		istre M.D.	-
Y.	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	(C) SENERA	HUZSEN ARTER	DECLEROSIS	?
=						
	OTHER SIGNIFICANT CONDI	TIONS CON-			Λ	
Chi	TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION	CAUSING IT.	KACTURE	LEFT FEN		1 5 35 11
AL	19A. DATE OF OPERATION	9B. MAJOR FINI	DINGS OF OPERA	ATION	CPREET'S UIS	AUTOPSY7
	21A. ACCIDENT WAS UNDER-		OF INJURY (e. g., in ctory, street, office bldg., et		(If in Baltimore City, a	give exact location)
7	CAUSE OF DEATH	AT HO		SOC RAN	-NALL ST	244
	21D. TIME (Month) (Day) (Year)	(Hour)   21E. 1	NJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR7	
	Y - 10 - C3	O A m. WHILE		1 LOST BA	LAWGE A.	NO FRLL
	22. I hereby certify that I att					, that I last saw the
П	deceased alive on 1722	, 195 L. and t		red at	the causes and on th	
	25A. SIGNA IGHA	delon	M. D.	Franklin &	s. Horas	9-23-52
24 TIC	A. BURIAL CREMA 24B, DATE		NAME OF CEMETER	Y DR CREMATORY 24D.	DCATION (City, town,	or county) (State)
-	10.	. 25		own.	DA IIIm	SOIE
	CAL REGISTRAR	S SIGNATURE		25 FUNERAL DIRECTOR	Lea	ADDRESS
5		vilon Will	LAMOR MAT	29.2.21		
	vs 1501902	0				
	N-870.0		The said is	2000	8 2 3	



7	2-600		FO 000	20
52		EALTH DEPARTMENT	52 882 Registered No	29
	RTH NO.	L OF DEATH		
(T	NAME OF DECEASED Trances Very		2. DATE OF DEATH LET. 2	4,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (W)	here deceased Myed. If insti B. COUNTY	fution; residence before admission)
H	JOHNS HOPKINS HOSPITAL		outside corporate limits, wr	ite RURAL and give township)
	Yrs. Mos. Days	10/06/11	unal, give looktion)	Lane
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (Ly years If Uniter last birthday) Months	
Work	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY B. & O. Rail Road	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13	W. Francis Perry	14. MOTHER'S MAIDEN NA	ME Hearly	w
15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown)  (If yes, give war or dates of service)  16, SOCIAL / SECURITY NO. 705-03-9410	17. INFORMANTOHNS HO	OPKINS MOSPITAL	ESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	of DEATH inne of Prostit Same Same		INTERVAL BETWEEN ONSET AND DEATH
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING Double block, farm, factory, street, office bldg.		f in Baltimore City, give	exact location)
	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURF INJURY  The state of the s		OCCUR?	
	22. I hereby certify that I attended the deceased from 9 deceased alive on 9 / 1932, and that death occur	rred at 11 m., from th	e eauses and on the d	
	1. V. Leng / Marky. D.	238. JOHNS HOPKINS H	OSPITAL 9	24/52
	AA. BURIAL, CREMA- DN, REMOVAL (Specify) Burial Sept. 27, 1952 Cathe	dral	Saltimore, Md.	
SF	P 25 1952 REGISTRAR'S SIGNATURE FURTHER WILLIAMS, M.	25 FUNERAL DIRECTOR	1.4-	Heights Av.
	VS 150	000883	2 4	



52 8830 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) ANTONIO BRITTO	2. DATE OF DEATH Sept. 23. 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  Mercy Hospital  Yrs. Mos. Days  5. SEX 6. COLOR DR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)  13. FATHER'S NAME  MARY 17 M F.	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)  Maryland C. CITY OR TOWN (If outside control or township)  Baltimore D. STREET ADDRESS (If rural, give location)  2265 Madison Avenue  B. DATE OF BIRTH  9. AGE (In years librated from the following of the following from
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Trank Britto 636 Mother A
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH INTERVAL BETWEEN DNSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON-	

	Length of st	ay in Baltimore		Mos. Days	2265 N	Madison A	venue	
	male	6.COLOR DR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify)	June 13, 19	289 la	3 dirthday) Mo	Under 1 Your   H Under 24 Hours Inths Days Hours Min
wor.	done during most of	CUPATION (Give kind of working life, even if retired)	10B. KIND	INDUSTRY	Portuga	al	ountry)	12. CITIZEN OF WHAT COUNTRY
				MARITIME	14. MOTHER'S MAI	IDEN NAME		
(Ye	u, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	Frank [	Britto a	636 mo	ther it
NOIL	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode o e, asthenia, etc. It mea complication which c  ANTECEDENT CAUS OR CONDITIONS, IF IE ABOVE CAUSE (A) ING CONDITION LA	TH f dying, e. g. ns the disease aused death. ES ANY, GIVING STATING THI	(A) Asphyx				INTERVAL BETWEE
ERTIFICAT	OTHER SI	II GNIFICANT CONDI TO THE DEATH, BUT I	TIONS CON-					
C								20, AUTOPSY?
EDICA	UNDERLYING CA	AL CAUSE WAS A OR CONTRIB- AUSE OF DEATH.	about bome, far	CE OF INJURY (e.g., i rm,factory,street,officebldg., OME	2265 Madis	Ri Son Avenu	e	ive exact location)
Σ	21D. TIME (1) OF INJURY 9-23-52	(found) 4:00	w	IE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK				

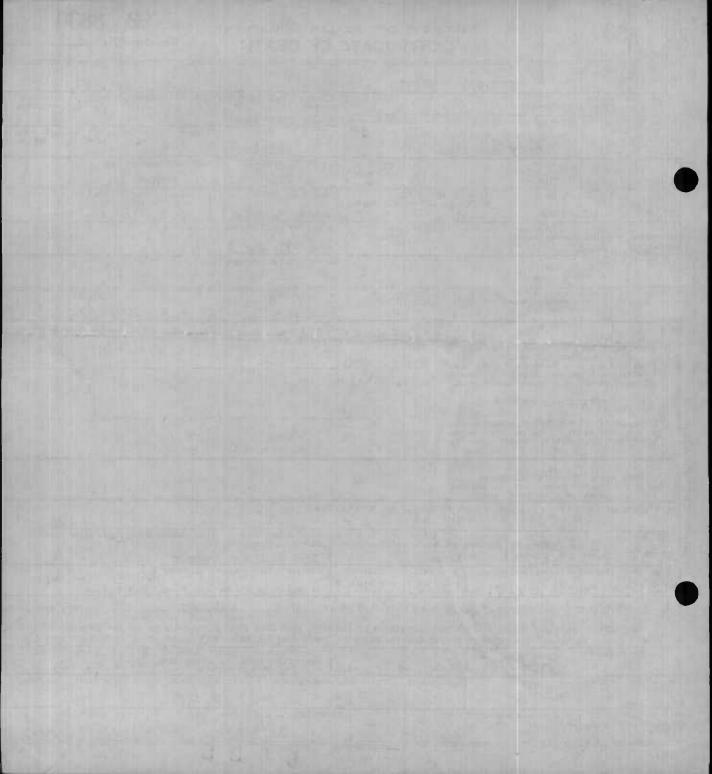
23A. SIGNATURE 23c. DATE SIGNED 1952 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME DE CREMATORY 24D. LOCATION (City, town, or county) 9-26-52 Burias DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAF

Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].

autopsy

thereon and from.

22. I certify that I took charge of the remains described above, held an



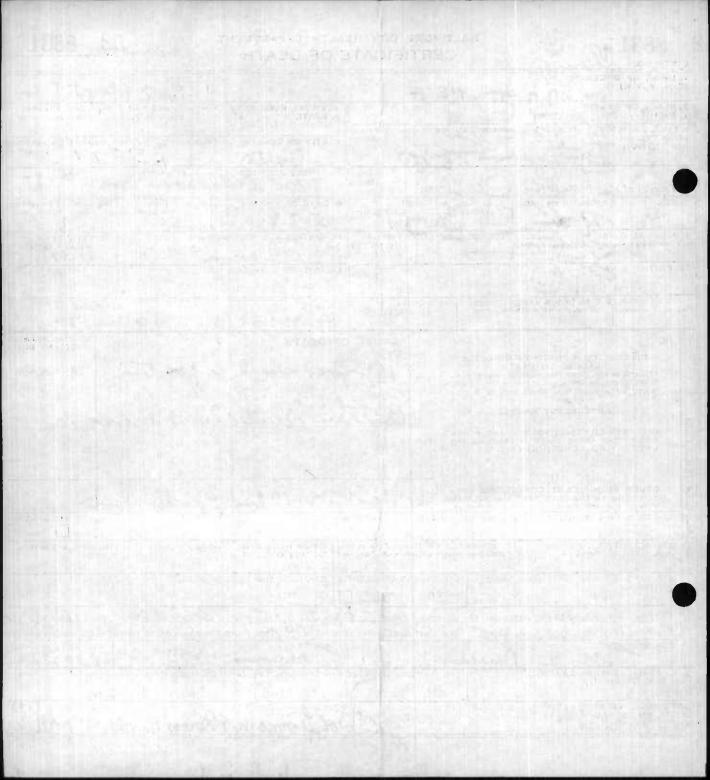
8831.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

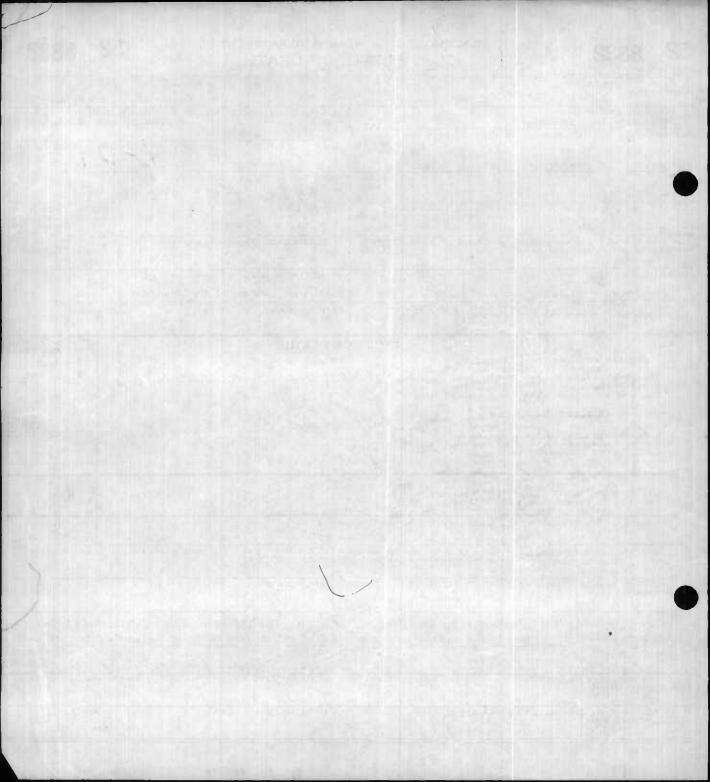
52 8831

В	RTH NO.		CERTIFICA	TE OF DEATH	Registered No	000.1
1.	NAME OF D	SOL.	. GREIF		OF DEATH Z Y S	ent sz
	PLACE OF D Baltimore	EATH: City, Maryland		4. USUAL RESIDENCE		stitution; residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	Luthern	al or institution, give street address	c. CITY BROWN (	If outside corporate limits,	write RURAL and giv township
	Length of s	tay in Baltimore	M M	rs. D. STREET ADDRESS (108.	laury de	415
5.	Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Spe Married	S. DATE OF BIRTH	9. AGE (In years last birthday) Mont	der i Year hs Days Hours Min
worl	dooe diving most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OF INDUS			2. CITIZEN OF WHAT COUNTRY
13	.FATHER'S M	Greif	(1)	2) 14. MOTHER'S MAIDEN! Eva Weitzman		
15 (Ye		D EVER IN U. S. ARMER	D FORCES? 16. SOCIAL SECURITY N	17 INFORMANT	ADE	ORESS
CERTIFICATION	(This does heart failus injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA 3 not mean the mode of tre, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e. g., ms the disease, caused death.)  DUE TO  SES  F ANY, GIVING STATING THE AST.  (C)  (C)	tens lents	lunt dises	Z Lug.
J	TO THE D	ISEASE OR CONDITION		PERATION	, paper week	20. AUTOPSY?
MEDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLACE OF INJURY (e. about bome, farm, factory, street, office b	g., in or 21c, WHERE DID ldg., etc.) INJURY OCCUR?	(If in Baltimore City, giv	YES NO Le exact location)
Z	21b. TIME OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCU	HILEFT	RY OCCUR?	
		ive on Sam	ended the deceased from 3	courred at 430 Pm., from		that I last saw th date stated above
24 TIO	DN, REMOVAL (S Burial	REMA: 248. DATE pecify) 9-25-52	24C. NAME OF CEM.		LOCATION (City, town, or ltimore, Maryla	
	TE RECEIVE		glor Villaus Mi	25. FUNERAL DIRECTOR	A	DDRESS (17)

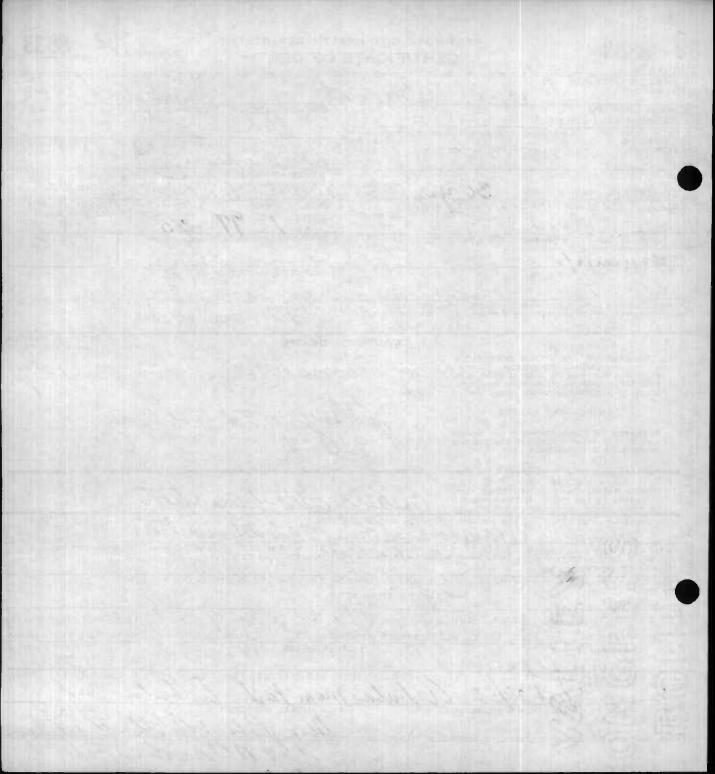
0 E 2806A B B 2



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ABY OF BOY FLEMING DEATH 30 JULY, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write URAL and give INSTITUTION township) BALTIMORE UNION MEMORIAL HOSPITAL V. D. STREET ADDRESS (If rural, give location) Mos. exmere Length of stay in Baltimore Days 9. AGE (In years) If Under I Year Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 29JULY 1952 23 52 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or forcign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BABY MARYLDND 450 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS EMILIE LOU SCHURMAN DO466195 FLEMING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IN PULMONARY ATALECTASIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PREMATURITY FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 29 July . 1952 to July 30 , 195 4 that I last saw the deceased alive on 30 July 1952, and that death occurred at 11 Amm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 1 Hospital 18 august 195 Union memoria M. D. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR GREMATORY 24B, DATE 24D. LOCATION (City, town, or county) 5. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAN untinglow VS 150



1	230				
52 BI	2 8833 RTH NO.	CERTIFICATI		Registered No.	8833
	NAME OF DECEASED Make	l Baco	at	2. DATE OF DEAD 2 4	195-2
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W)	here deceased wed. If instituti	ion: residence before admission)
H	FULL NAME OF (If not in hospital or in DSPITAL OR STITUTION JOHNS HOPKINS	stitution, give street address or location) HOSPITAL	C. CHTX OR TOWN (If o	outside corporate Amits, watth	RUIAL and give township)
		Yrs.	D. STREET ADDRESS OF F	ural, give location)	. AA
		Mos. Days	8. DATE OF BIRTH	9. AGE (In years) If Under 1 Ye	
b	male Colored	IDOWED, DIVORCED (Specify)	5-2-18 97	last birthday) Months Da	
worl	A. USUAL OCCUPATION (Give kind of to do during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACETState or for		TIZEN OF HAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15 (Ye)	. WAS DECEASED EVER IN U. S. ARMED FORCE, no or unknown) (If yes, give war or dates of serv	ES?   16, SOCIAL	17. INFORMANT	ADDRES	s
(10.			JOHNS HOPKIN		
	DISEASE OR CONDITION DIRECT	TIV	OF DEATH		SET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease,	nomatasis		21dap
	injury or complication which caused  ANTECEDENT CAUSES	death.) OUE TO	16 m +1		
NO	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	any cipianin	OCA Ovary	***************************************
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATIS	(C)	0 0	0	
TIF	OTHER SIGNIFICANT CONDITIONS	CON.		4	ALC: N
CEF	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ING IT. CALLED	e decorpens	allen	
SAL	8/29/52 Ca	ALLMAND OF OPER	245 Opental me	electoris 1	O. AUTOPSY?
EDICAL		B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., c		in Baltimore City, give exa	ct location)
M	210. TIME (Month) (Day) (Year) (Hour OF INJURY	) 21E. INJURY OCCURRI		OCCUR?	
	22. I hereby certify that I attended	m. WORK AT WORK	22 1952, to 9	12 × 19 52 that	I last saw the
	deceased alive on 9/24 , 191	2. and that death occur	red at 10 m., from th,	causes and on the date	
	23A. SIGNATURE Hamm	rann M.D.	38:10998554OPKINS HO	OSPITAL 23c.	124 52
	A. BURIAL CREMA- 249 DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, or count	(State)
	ATE RECEIVED BY REGISTRAR'S SIG	NATURE	25 FUNERAL DIRECTOR	ADDR	ESS
(	SEP 25 1952 Huntington	Williams M.P.	Mrs John	14. Ellerd	1 Daught



B	8833 RTH NO.		CE	ERTIFICATI	E OF DEATH	Registo	ered No	8853
1.	NAME OF D	ECEASED	Clarence	Hardrick		2. DATE OF DEATH	9-24-19	52
A.		City, Maryland			4. USUAL RESIDENCE (WA. STATE Maryland			on; residence pefore admission
H		Baltimore in hospital Baltimore in 14940 Eastern	ty Hospit			outside corporat	elimits, write	RURAL and give township
C.	Length of s	tay in Baltimore	9yrs	Yrs. Mos. Days	D. STREET ADDRESS (If 1307 E.Bi		on)	
5.	M	6.COLOR OR RACE	7. SINGLE. M WIDOWED Singl	ARRIED, DIVORCED (Specify)	Oct. 30-1940	9. AGE (In ye last birthda	Months Da	ar    Under 24 Hours Liver Min.
VOT.	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Florida	oreign country)		TIZEN OF HAT COUNTRY
13	FATHER'S	Clarence H	ardrick		Mary Johnson	AME		
15 (Ye	S. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date.	FORCES? 16 of service)	S. SOCIAL SECURITY NO.	17. INFORMANBaltimo Records: 4940 Ea	re City B stern Ave	osphials	5
RTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA inot mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	f H f dying, e.g., ns the disease, aused death.)  EES  FANY, GIVING STATING THE	(A) Congest		······································		LOdays
CERTIF	IN TRIBUTING TO THE CEATH, BUT NOT RELATED KNOUMATIC HOATT DISCUSS							3yrs.
L		The section of the se		NDINGS OF OPER	RATION			O. AUTOPSY?
EDICA	CAUSE OF DEATH  10. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 7-17-  deceased alive on 9-24-  19 52, to 9-24-  19 52, that I last saw to deceased alive on 9-24-  23B. ADDRESS  23C. DATE SIGNE  10 10 10 10 10 10 10 10 10 10 10 10 10 1							I last saw the stated above
TI	4A. BURIAL. ON REMOVAL (S OWN ATE RECEIVE OCAL REGIST	CREMA- 24B. PATE Specify 9/27 D BY REGISTRAR	52 m s signature	1.11	RY OR CREMATORY 240. L	a Ellis		Med
	Vs 150	1	d · · ·	. 0 5	2 162972,682	Or Conil	St.	7

See query reply in Document File 52-8834 10/6/52 ES

Hope there is it is a second of the

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8835

Jen .	RTH NO.	35		CERTIFICAT	E OF DEATH	Registered No	0000
	NAME OF i		B. B(	НТО		OF SEP.	24,1952
Α.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE (	Where deceased lived. If in B. COUNTY	nstitution ; residence before admission	
HO	STITUTION			location)	C. CITY OR TOWN (I	BALTIMORE, C f outside corporate limits,	write RURAL and give township
-	NOIN	MEMORIAL	HOS	PITAL Yrs,	BALTIMORE D. STREET ADDRESS (III	Trural give heating)	- O F township
e.	Length of	stay in Baltimore		Mos. Days	3902 cante		
5.	M	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. (ED, DIVORCED (Specify)	Sep. 9, 1875	9. AGE (In years   f  U last birthday) Mon	nder 1 Year ths Days Hours Min.
work	A. USUAL OG done during most RETIRED	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY
13.	GEOR C				14. MOTHER'S MAIDEN N		7-0-7
15. (Yes,	. WAS DECEAS , no or unknown	ED EVER IN U. S. ARME! (If yee, give war or date	FORCES? e of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. HAHA	AD	DRESS
	18. 4	92X .			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
z		complication which	caused death	.) DUE TO	RE MALNUTA	NOITION	ITR.
FICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,						
CERTIF	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	GENERAL	IZE ARTERIOSC		3 Y RS
AL				FINDINGS OF OPER			20. AUTOPSY?
EDIC	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	218. PLA about bome, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (te.) INJURY OCCUR?	If in Baltimore City, giv	
Σ -	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
	22. I herel	by certify that I att live on <b>Sep 34</b>			p. 17, 1953 to 5 red at 2 Am., from t	ep 34, 1953	that I last saw the
	23A. SIGNA	TURE of run	14 0	N.  2	B. ADDRESS		23c. DATE SIGNED
24. TIO	A. BURIAL. N. REMOVAL (S	CREMA- 24B DATE		DRUID RIDGE	RY OR GREMATORY 240. L	OCATION (City, town, or	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM
DA	TE RECEIVE	1952 Huntin	1 1.	RE	25. FUNERAL DIRECTOR		Bult ml
	VS 150	(		and the second			

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HIOGE W DEATHART TILL DESCRIPTION OF COMPANY L. T. ANAMATERS - ATACAM - ANAMATA MANDROLL THE SECTION AND ADDRESS OF THE PARTY OF THE TITLES WELLSO The product of the state of the

2 8836 BIRTH NO.

correct age is especially important, Physicians; prease write the causes of death creatiff and the

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 8835

ВІ	RTH NO.		CERTII TEAT			0.0.0
	NAME OF D	ECEASED	EVA MAY HARTLOVE	0	of Sept.	23, 1952.
3. A.	PLACE OF D Baltimore	EATH: City, Maryland		4. USUAL RESIDENCE ()		
H	FULL NAME OSPITAL OR ISTITUTION	OF Af not in hospit	al or institution, give street address or location)		f outside corporate limits	write RUML and give
	STITUTION	Lutheran Hos		Baltimore	10	township)
â	Length of s	stay in Baltimore	Yrs. Mos.	o. STREET ADDRESS (If		
	SEX	6. COLOR OR RACE	Days 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If	Under 1 Year   If Under 24 Hours   Min.
	emale	white	married	May 20, 1886	66	12, CITIZEN OF
worl		of working life, even if retired)			oreign country)	WHAT COUNTRY?
13	FATHER'S			14. MOTHER'S MAIDEN N	AME	
-		Lilly		Unknown		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				Mrs. Caroline He	rr-119 Mallow	Hill Rd.
RTIFICATION	injury or  D1SEASE RISE TO 1	are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	Eaused death.)  DUE TO  (B)  F ANY, GIVING STATING THE OUE TO	ronary De	lerosis	years
ERTI	TRIBUTING	II SIGNIFICANT CONDI G TO THE OEATH, BUT	NOT RELATED			
AL C		OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		If in Baltimore City, g	rive exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR		Y OCCUR?	
			m.   WORK   AT WORK	2/10 .5/	9/23 195	1
	deceased a	. 01 - 1	tended the deceased from	7 10 ,1951, to		<b>L</b> that I last saw the re date stated above.
	23A. SIGNA	TURE		238. ADDRESS		23c. DATE SIGNED
		( X )	neudelio M. D.	651 N. B	entalou	9/24/57
TI	4A. BURIAL. ON.REMOVAL(; Urial	Specify) 9/26/52	Cedar Hill	Cemetery A.	A. Co., Md.	or county) (State)
	ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	loner / V X	ADDRESS
=	VS 150	Total Time	o de la		) /	000 1
11			19520	10883	with 17,	md.

NU LT LE LE THE CALL OF CHAPTER STREET, SAID

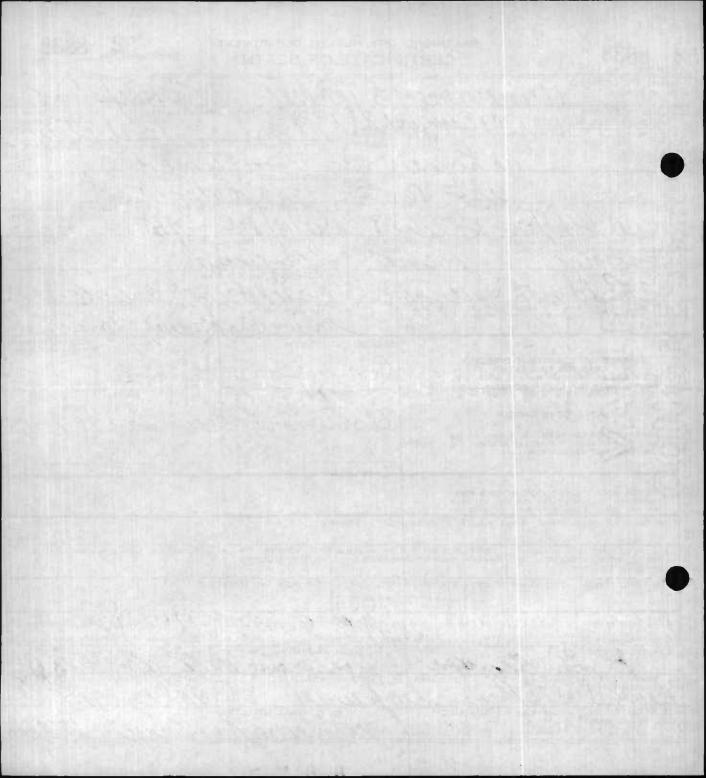
1	46						FO 000m
5 A	2 883 RTH NO. 4	72-2246		CERTIFICAT		V 20 1.	red No
	NAME OF D ype or Print)	Baly Boy	Kar	pler D.	n 1	2. DATE OF DEATH	7.24.52
	PLACE OF D Baltimore C	EATH: City, Maryland	1	9	4. USUAL RESIDE	NCE (Where deceased live B. COUNT	ed. If institution; residence Y before admission)
H	FULL NAME OSPITAL OR STITUTION		,,	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate	e limits, write RURAL and give township)
2	DAME.	m squa	1 6 11	OSDITAL Xrs. Mos.	D. STREET ADDRE	SS (If rural, give location	Comment of the second
	Length of s	tay in Baltimore	7 SINCL	Days Days	8. DATE OF BIRTH	ENA KOAd	ers     Under 1 Year     Under 24 Hours
1	MALE	white		E, MARRIED, /ED, DIVORCED (Specify)	9.24.8	last birthday	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S N	IAME			14. MOTHER'S MA	DEN NAME	
6	Rober	Kanal	• ~		Maraa	ret Hann	\ A
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	<	ADDRESS
CERTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)  (C)  (C)						
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e.g., i form, factory, street, office bldg.,			City, give exact location)
	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCCUR?	
	00 71 1		m.	WORK AT WORK	10)	1 0 24 (755)	060
	deceased al	ive on Seat 24	ended the	deceased from 9.2 and that death occur	rred at 7 5 m.		1952, that I last saw the on the date stated above.
	234. SIGNAT				23B. ADDRESS 2413 & 1	nonument of	4 23c. DATE SIGNED 9.24.52
TIC	N. REMOVAL (S	REMA- 24B. DATE pecify) Sept 2		New Cathed		Balto. 29.	
	STP 25	D BY   REGISTRAR			25. FUNERAL DIRI		ADDRESS
	VS 150			952	4100	Edmonds.	29. moli

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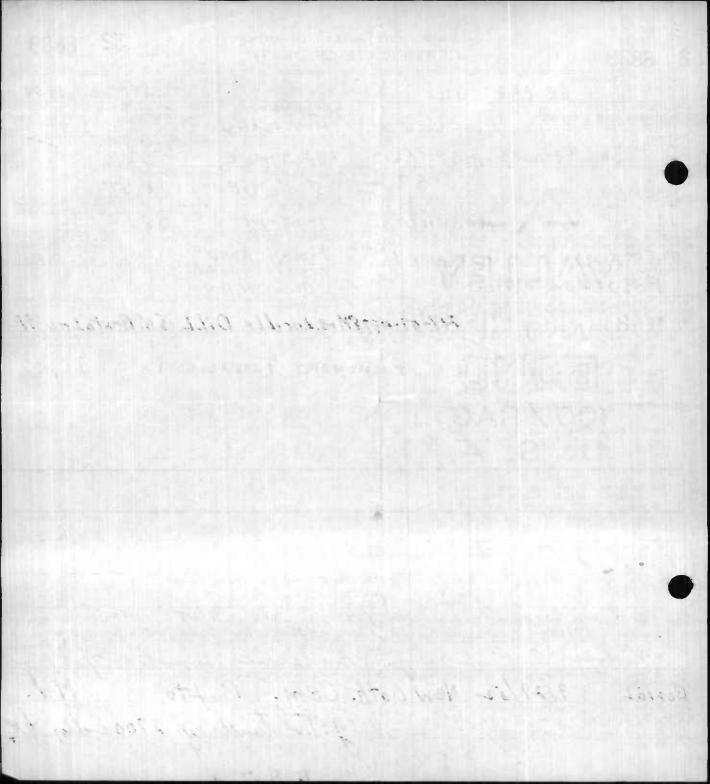
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived of institution : residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address (If outside corporate limits, write RURAL and the start of the start o HOSPITAL OR location) OR TOWN D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (in years | Months | Year | Middle 24 Hours | Last birthday) | Months | Days | Hours | Min. WIDOWE D.DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SOCIAL (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (c. g., in or | 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from, deceased alive on 19\_\_\_\_ and that death m., from the an the date stated above. 23B. ADDRESS 23A. SIGNATURE TION REMOVAL (Specify 24c. NAME OF CEMETERY OR 24B. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

L 400	PALTIMORE CITY UE	ALTU DEDADTMENT	F0	
52 RTH 18839	CERTIFICATI		Registered No.	8839
1. NAME OF DECEASED (Type or Print) 6 FORGE	DILL		OF SEPT.	25,1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or in	nstitution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If inst	itution: residence before admission)
HOSPITAL OR INSTITUTION BON SECOURS	logotion)		outside corporate nimits, w	to RURAL and give township)
c. Length of stay in Baltimore	38 Yrs.		rural, give location)  TALOU ST	
S. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED, (Specify) MARRIED	8. DATE OF BIRTH		Days Hours Min.
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FREDERICK DIE	(L/9001(15)	14. MOTHER'S MAIDEN NA		000000
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	rice) 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Lucille, D	ILL SN. Ben	
18. 007X	CAUSE	OF DEATH	ILE GII. NON	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e.g., (A) Pulmi	ONARY TUBER	culosis	2 YRS.
Z O DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	(B)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUS	RELATED			
. 19A. DATE OF OPERATION 1 19B. M.	AJOR FINDINGS OF OPER			20. AUTOPSY?
	B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
ID. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRE  WHILE AT NOT WHILE  M. WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended	d the deceased from 9/2			hat I last saw the
deceased alive on \$\frac{125}{23A. SIGNATURE}, 19.	oldren up 2	Tred at 7:13 H.m., from the 3B. ADDRESS		3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	New Cath	Cem B	CATION (City, town, or o	Munty) (State)
DATE RECEIVED BY REGISTRAN'S SIG	NATURE N. W. J.	25. FUNERAL DIRECTOR	1 2700 AL	DDRESS AX
VS 150	9 5 5 5 15 4	67887	y Five	way vio



-	10600	CERTIFICATE CO	RRECTED	Rototta	195P RITE I		
	8840		BALTIMO	RE CITY HE	ALTH DEPARTMENT	52	8840
В	IRTH NO.		CER	TIFICATI	E OF DEATH	Registered No.	
	NAME OF D 'ype or Print)	ECEASED	Ru	tu-		2. DATE OF DEATH 9-2	3-52
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (V	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital or	institution, give	street address or location)	c. CITY OR TOWN (If	OALT outside corporate limits,	
		SIVERSITY HO	0501791		Rosemon	t 53-1	township)
ā	Y 13 4			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	sex	tay in Baltimore	SINGLECMARE	Days	8. DATE OF BIRTH	9. AGE (In years) II Un	der 1 Yeer   If Under 24 Hours
	F	w '	WIDOWED, DIV	ORCED (Specify)	Oct. 31, 1930		hs Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of 10E of working file, even if retired)	. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)   12	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	dutes 1	Home		14. MOTHER'S MAIDEN N	AME	
	Cha	les et dr	iver		£14.1 67	To in a	
15 (Ye	. WAS DECEASI	D EVER IN U. S. ARMED FOR		OCIAL ECURITY NO.	17. INFORMANT	ADD	PRESS
			48.2	65279	Charles Y.	Driver 40	10 Balto St
	18. 41			CAUSÉ	OF DEATH	Hosemon	ONSET AND DEATH
		LEADING TO DEATH not mean the mode of dy		Con	estrue fait	Purc	2 mo -
	heart failu	re, asthenia, etc. It means the complication which caused	e disease,	е то		•••••••••••••••••••••••••••••••••••••••	
		ANTECEDENT CAUSES		RL	ti le to	0-1-6	1000
TION		OR CONDITIONS, IF ANY		(B) Atino	us timell. m	in trad crossell	- 27
AT		HE ABOVE CAUSE (A) STAT ING CONDITION LAST.		(C)	Lohronio, aniose	70-	
IFIC							
CERTIFICA	TRIBUTING	II IGNIFICANT CONDITION TO THE DEATH, BUT NOT SEASE OR CONDITION CAU	RELATED /	Jealed 1	Bact. Enclocas	ceitis	6mo
				NGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-   2	1B. PLACE OF	INJURY (e. g., ic	o or   21c. WHERE DID (	If in Baltimore City, give	YES NO Le exact location)
MED		R CONTRIBUTING   abo	ut home, farm, factor	y, street, office bldg., e			
	D. TIME	Month) (Day) (Year) (Hou	r) 21E. IN.	URY OCCURRI	ED 21F. HOW DID INJURY	Y OCCUR?	
			m.   WORK	AT WORK		4.2. 46.	
		y certify that I attended ive on 9-23	ed the deceas	cd from Z=/ at death occur	- 3 - 19 , to /	- <u>23 - 52-19</u> , he causes and on the	
	23A. SIGNAT		- and one		38. ADDRESS		23c. DATE SIGNED
24	A. BURIAL.		My 1245 NA	ME OF CEMETE	MWUSLY / DRY OR CREMATORY 24D. L	OCATION (City, town, or	9-24-52 county) (State)
TIC	REMOVAL (S	decity) 1 17 7 19	52 41	itinal)	13	thouse	(4-200)
DE	TE RECEIVE	BY REGISTRAR'S SI	- 1A/1; ·	un Alig	25 FUNERAL DIRECTOR	Po - 1913/1)	Rolfn St
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		1	7 5	200	0 8 8 3 5		

See reply to query in Document File 52-8 40

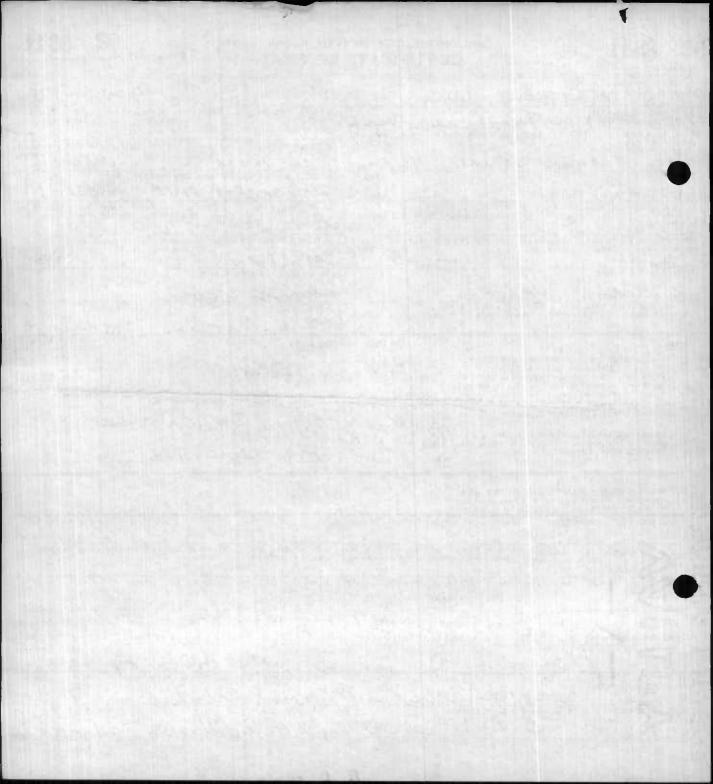
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I	BIRTH	N	0.	
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#### CERTIFICATE OF DEATH

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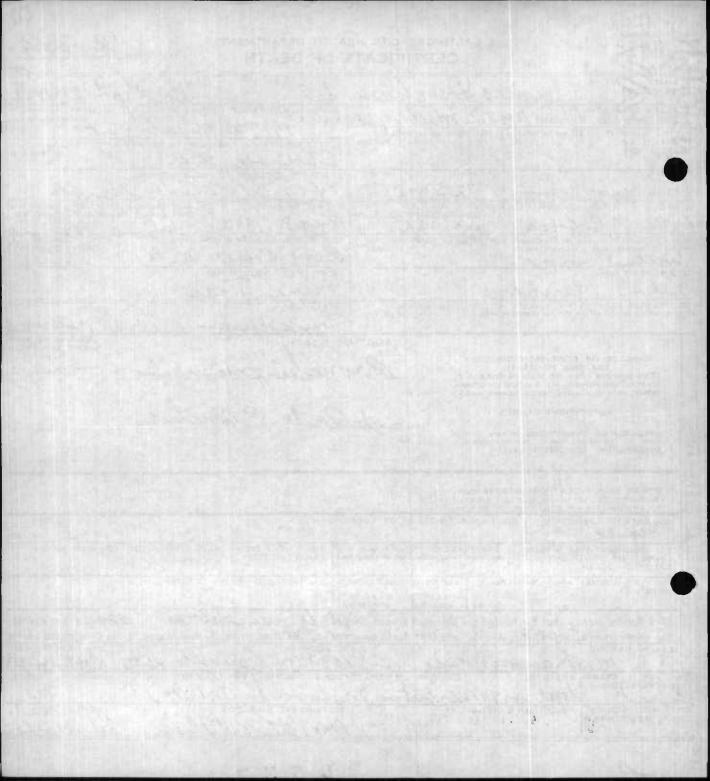
BI	RTH NO.			CERTIFICAT	E OF DEATH	Register	red No.	
1.	NAME OF Dype or Print)	MATTHEL	W L	UCY	8	2. DATE OF DEATH	9-22-52	
A.	PLACE OF D Baltimore	City, Maryland An	inklin	Squar Hope	A. STATE	(Where deceased liv B. COUNT	ed. If institution: residence before admission)	
HC	SPITAL OR STITUTION	^		location)	c. CITY OR TOWN		e limits, write RURAL and give township)	
		TRANULIU S	QUAR	Yrs.	D. STREET ADDRESS		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	Length of	stay in Baltimore		Mos. Days		TT AUE,	ARBUTUS	
	F	6. COLOR OR RACE		MARRIED (Specify)	oct 12,188	721	Months Days Hours Min.	
10. work	done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	1	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME	1-	7,0	14. MOTHER'S MAIDEN			
15	WAS DECEAS	Am Wa	ters	16. SOCIAL	nancy L	Daves		
(Yes	no or uoknown	(If yes, give war or date	of service)	SECURITY NO.	EARL IT MA	1 -TUE-15	SOY ASQUITES	
	/	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH	77142603	INTERVAL BETWEEN ONSET AND DEATH	
	heart fail	LEADING TO DEAT is not mean the mode of ure, asthenia, etc. It mea complication which of	f dying, e.g. ns the disease		many Ellen	4	15 Min	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) CORONARY OCCLUSION							
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
AL C				FINDINGS OF OPER	ATION		20. AUTOPSY? YES NO	
IEDICAL	21A. ACCII LYING C CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(If in Baltimore (	City, give exact location)	
	ID. TIME	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK		JRY OCCUR?		
		by certify that I att	ended the		-22 ,1952 to	9-12	1954 that I last saw the	
	deceased a		dela dela		38. ADDRESS	the causes and	on the date stated above.  23C. DATE SIGNED  9-12-1	
24 TIO	A. BURIAL.	CREMA- 24B. DATE Specify)	1952 2	4c. NAME OF CEMETE	Memoral a	Color (City,	town, or county) (State)	
DA	TE RECEIVE CAL REGIST	TRAR Hunts	s signaturator	Villiaus M.J.	25. FUNERAL DIRECTO	Silliam.	Schreler St	



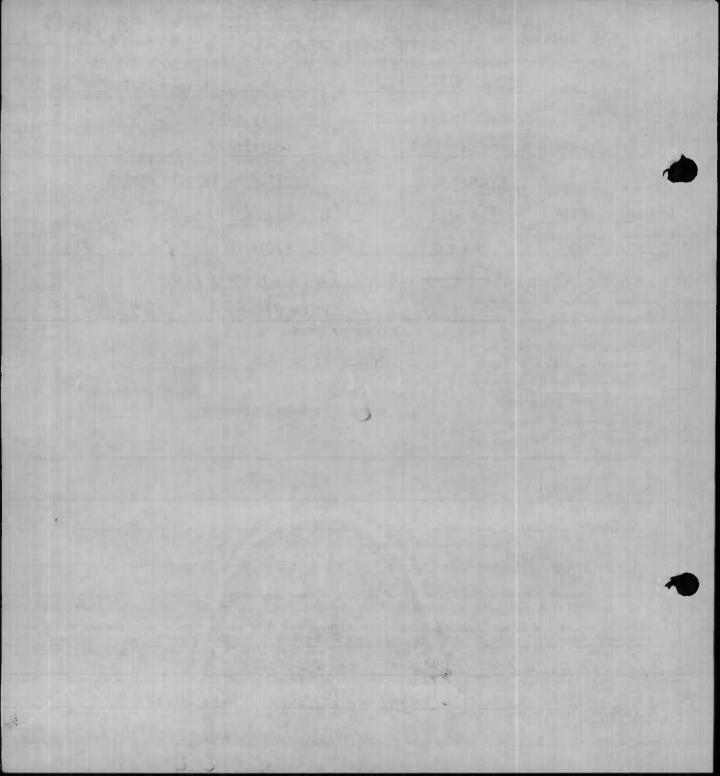
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# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No	
1. NAME OF DECEASED	) /	0	2. DATE //	4 0 . 1
(Type or Print) James &	turham	ar	DEATH SUCK	1.21,1952
a. Baltimore City, Maryland 1417 W.	Mulbery St	4. USUAL RESIDENCE (W	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital of institut	tion, give street address or location)	c. CITY OR TOWN (If	outside corporate Milts	
INSTITUTION		Baltimore	ma. Ic	tewnship)
	Yrs.		rural, give location)	
c. Length of stay in Baltimore	25 yrs Mos. Days	1417 W. 7	nulferri	LSK.
	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years   Kings   Mont	der I Year   If Under 24 Hours has Days   Hours   Min.
	urul	May 8, 1892	60	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	Rocky Point	- 0	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Interest Duchamil		The same of the sa	+	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	17 INFORMANT	ADI	DRESS
(If yes, give war or dates of service)	SECURITY NO.	Louis Duch	14171	V muller or
18. 500 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0 /		ONSET AND DEATH
(This does not mean the mode of dying, e. 1		vacto-pne	undria	Bdays
heart failure, asthenia, etc. It means the disease injury or complication which caused death	se, h.) DUE TD			
ANTECEDENT CAUSES	0 1	acute Bro	1.4.	
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B) Sub	acute 10/00	neverus	
RISE TO THE ABOVE CAUSE (A) STATING TO				
	(C)	***************************************	***************************************	*****
F	Contract of the			
OTHER SIGNIFICANT CONDITIONS CD	ED			
TO THE DISEASE OR CONDITION CAUSING I	FINDINGS OF OPER	ATION		20. AUTOPSY?
none o.				YES NO
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, giv	ve exact location)
CAUSE OF DEATH				
OF INJURY	WHILE AT NOT WHILE		OCCUR?	
m.	WORK AT WORK		/// 0 00	
22. I hereby certify that I attended the				that I last saw the
deceased alive on Sept 21, 1982.		38. ADDRESS		date stated above.
( M. Lawren	ee M.D. /	1033 W. Lans	rale At.	Nept. 24, 195
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	county) (State)
Burul Sept 26,1952	arfutus n	removal a	rbutus	ma.
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	URE	25. FUNERAL DIRECTOR	11.	ADDRESS 322/
SEP 25 1934 Huntarator	- Williams M	Mrs Kate (Kle)	Many &	ehrochu St
VS 150	6901	VV		
45 May 1		7 /		



Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) VIRGINIA CLEM OF NELLIE DEATH September 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland f not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin Square Hospital Baltimore legibly. D. STREET ADDRESS (If rural, give location) Mos. 1418 W. Favette Street ength of stay in Baltimore UNKNOWN Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years It Under 1 Year last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White Female 10A. USUAL OCCUPATION (Givekind of) KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) clearly 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY UNEMPLOYER SHENANDOAH 13. FATHER'S NAME death DREW JACKSON ZABETH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO jo JONE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary embolus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Rheumatic heart disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS'OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etal INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes K, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 22. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



### BALTIMORE CITY HEALTH DEPARTMENT

52 8844

**ADDRESS** 

4101 Edmondson Ave.

Registered No .\_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Lillian V. Turnbaugh OF Sept. 23/52 **OEATH** 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) I.Id. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3915 Keswick Rd. Baltimore p. STREET AOORESS (If rural, give location) Yrs. 3915 Seswick Rd. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCEO (Specify) White Female April 7.1893 Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work-done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? IL. W. Own Home Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Herbert Buckingham Blanche Lilly 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADORESS SECURITY NO. Myles N. Turnbaugh, 3915 Keswick Rd 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH OISEASE OR CONDITION DIRECTLY Carcinoma of the Cervix when LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, unth abdominal motastasex injury or complication which caused death. ANTECEOENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? reveral abdominal July 30, 1957 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIOENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 43 1949 to Sept 23 . 1957, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on Sept 21, 1957, and that death occurred at 1 Am., from the causes and on the date stated above. 28 GIGNATURE 23B. ADORESS 23c. OATE SIGNEO 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BUY 181 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Pikesville.Md. Sept. 26/52 Druid Ridge

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

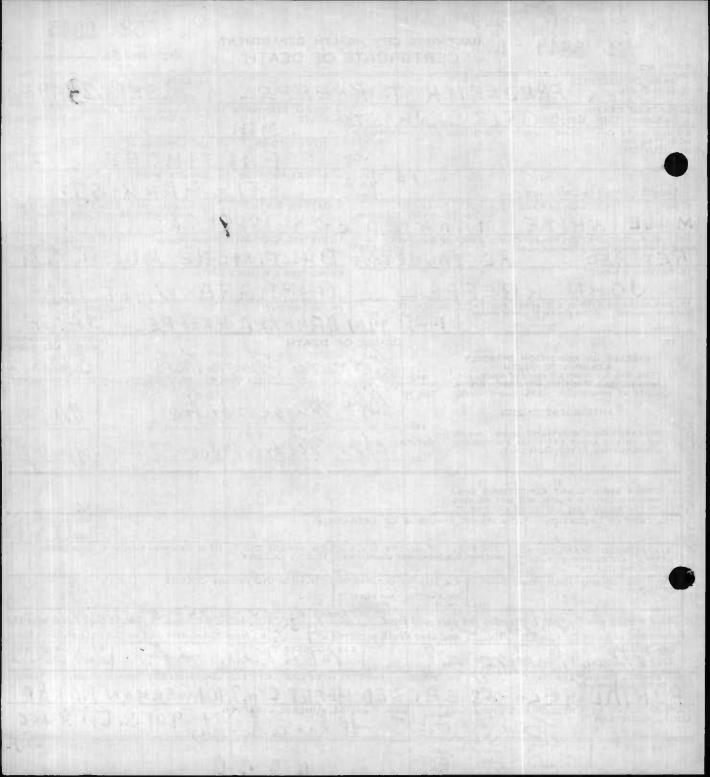
REGISTRAR'S SIGNATURE

52 8845

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE FREDERICK (Type or Print) DEATH SE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland, B. COUNTY A STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION LIFE D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of r foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY TIRED ETEUR 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. -01-9914 INTERVAL BETWEEN 18. 420-1 DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 19 2 that I last saw the 22. I hereby certify that I attended the deceased from 1.m., from the causes and on the date stated above. deceased alive on and that death occurred at 283. SIGNATURE 23P-ADDRESS AZC. DATE SIGNED TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE EUNERAL DIRECTOR LOCAL REGISTRAR

-VS 150

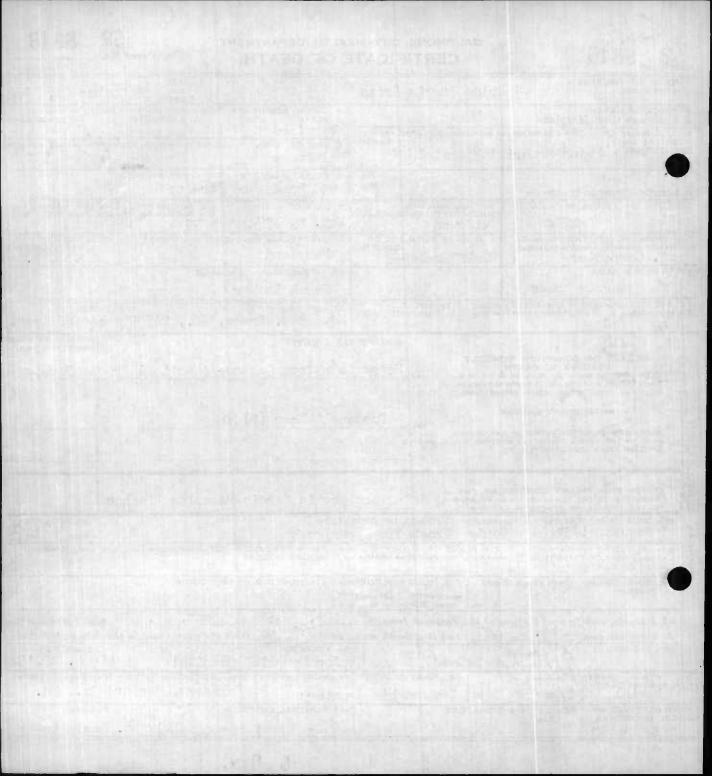


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52 BIRTH NO.	8846

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8846 Registered No.

В	IRTH NO.	3/1		CERTIFICATI	E OF DEATH		
	1. NAME OF DECEASED (Type or Print) Charles Ferris Drane					2. DATE OF Sept	ember 23, 1952
A.	PLACE OF DEATH: Baltimore City, N		al on ingtitut	ion, give street address or	4. USUAL RESIDE A. STATE Maryland	ENCE (Where deccased lived, I	f institution; residence before admission)
H	OSPITAL OR	ion Memor		location)	c. CITY OR TOWN Baltimore	(If outside corderate lin)	ts, write RURAL and give township)
C	Length of stay in	Baltimore		Yrs. Mos. Days	945 Homeste	ss (If rural, give location) ead Street	
		or or RACE		E, MARRIED, /ED, DIVORCED (Specify) Wed	Nov. 6, 1872	last hirthday) M	onths Days Hours Min.
10W	A. USUAL OCCUPAT  k doneduring most of working  Ret. Carpente	life, oven if retired)		of Business or INDUSTRY Employed	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY! IJ. S. A.
13	FATHER'S NAME		нита		14. MOTHER'S MA	IDEN NAME	
		v Drane			Sarah Lock	ker	
15 (Ye	5. WAS DECEASED EVER 10 or unknown) (If ye	R IN U, S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Edward H. Dr	rane, Sr., 945 Ho	DDRESS mestead Street
CERTIFICATION	heart failure, asthcnia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			enal Ulcer (?	ctro-Intestinal T		
	19A. DATE OF OPERATION . 1 19B. MAJOR FINDINGS OF OPER					20, AUTOPSY?	
EDICAL	21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH	RIBUTING	218. PLA	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D		
3	ID. TIME (Month) OF INJURY	(Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	22. I hereby certing deceased alive on 23A. SIGNATURE	Sept. 2.	2, 1922,	deceased from Jul	y 29, 152 red at 2:05 pm.,	, to Sept. 23, 1956 from the causes and on t	
		qual				1 Hospital	Sept. 23, '52
TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify) burial	9/26/52		Friendship Ce		Fallston, Harfor	
D	ATE RECEIVED BY DCAL REGISTRAR CFD 251952	REGISTRAR'	s SIGNATU	Villiams M.	Vm. Book	0	ADDRESS Paul Street
	VS 150		0	0 5 2 0	1000	1 1	
			1	I not any fel	0 0		

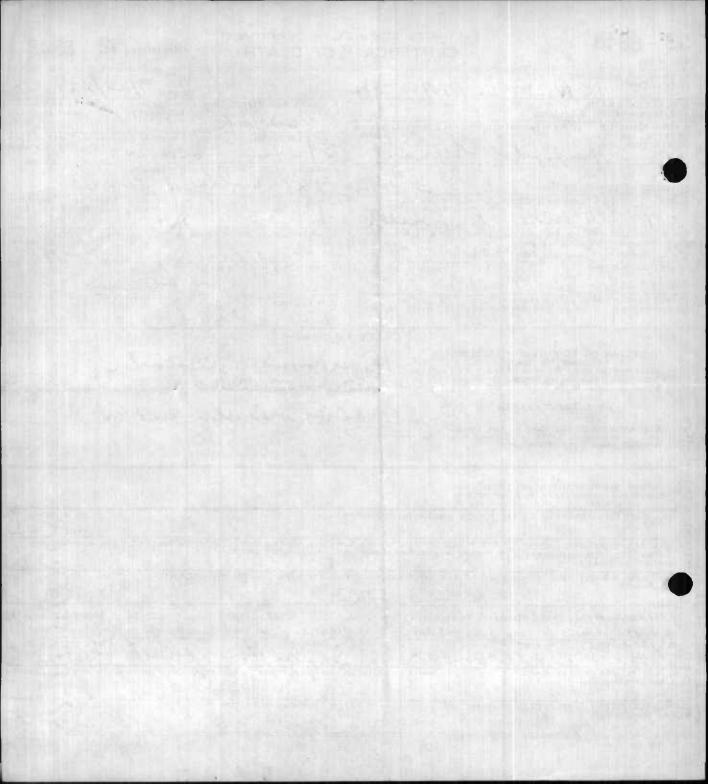


#### BALTIMORE CITY HEALTH DEPARTMENT

BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF DECEASED Mp Mill	iam L. Brow	n	2. DATE SON Sember 24.1	957
	PLACE OF DEATH: Baltimore City, Maryland	ran Hospital		Where deceased lived, If institution: resider B. COUNTY before admit	
В. Н		stitution, give street address or location)	c. CITY OR TOWN	Baltimore G. H. If outside corporate limits, frite RURALI an	nd give
	730 Ashburton	14. Ballmyre 16 Me	D. STREET ADDRESS (	f rural, give location)	
-	Length of stay in Baltimore	Mos. Days	730 E.	Prattstr. Baltmore, 1	1d
	male white w.	dowed	May 1885	9. AGE (In years If Under I Year Idea Hours I Hours	
worl	A. USUAL OCCUPATION (Give kind of k done dring most of working life, even if retired)	Building	11. EARTHPLACE (State or M.)	foreign country)   12. CITIZEN OF WHAT COUN	
13	FATHER'S NAME	Branch	14. MOTHER'S MAIDEN		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORC s, no or unknown) (If yes, give wer or dates of gary	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT HOSH W recor	ds, Sufferan Moskifal Balt	1790
	18. 1170.0	CAUSE	OF DEATH	INTERVAL BET	TWEEN
	DISEASE OR CONDITION DIREC  LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e.g., (A) Lewn	rpensated arter	ordiotehandisase 14 d	(Pys
z	ANTECEDENT CAUSES	(B)C	erebral en	iboli 18d	ays
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST,		0	0	0
LIFIC	II II	_(c)	inelnal ar	ten os derois sy	Uns
CER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	RELATED			
AL	19A. DATE OF OPERATION   19B. MA	AJOR FINDINGS OF OPER	ATION	20. AUTOPS	SY?
EDICAL		3. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		(If in Baltimore City, give exact location	)
Ī	21D. TIME (Month) (Day) (Year) (Hour OF INJURY		ED 21F. HOW DID INJUI	RY OCCUR?	
		m. WHILE AT NOT WHILE	10 / 59	1/4 14 . 52 .	
	22. I hereby certify that I attended deccased alive on system 12. 19.			the causes and on the date stated a	
				Iran Hospital 23c. DATE SIG	
710	Burial 9/26/5	24c. NAME OF CEMETE 26. S. M.		Bulto, Md.	State)
D/ LC	ATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	c. 1217 St. Paul s	+
-	VS 150	~ Vallation M. Va	c - con sn	c, w/ w/ water q	
l		1 75 2%	0000	1 0	

CHARLES TO STATE OF THE STATE OF

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5	D SAAR	ВА		ALTH DEPARTMEN	Z VT	2 0040
BIE	RTH NO.		CERTIFICATI	E OF DEATH	Registered N	c 8848
	NAME OF DECEASED pe or Print) HENRY	- 6. /	MARTIN		2. DATE OF PAS	/52
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution: residence before admission)
	TULL NAME OF (If not in hosp	oital or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give
	Einai Hugsifa	log &	Salfy Inc	Staten	Island	township)
1	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (	(If rural, give location)	4
	6. COLOR OR RAC		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	ths Days Hours Min.
	. USUAL OCCUPATION (Givekind		D OF BUSINESS OR INDUSTRY	11_BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAI COUNTRY!
7	done during most of working life, even if refire	2 Lexa	stil Co	Provincetor	m mass	USA
13.	Thenry I ?	nart	From (x)	14. MOTHER'S MAIDEN	NAME Ram	is
15 (Yes	WAS DECEASED EVER IN U. S. ARM no or unknown) (If yes, give war or d	IED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ON		DRESS Vollex ar
-	18. 1/1/3×		CALISE	OF DEATH	10 wy 481 C	INTERVAL BETWEEN
	DISEASE OR CONDITION	N DIRECTLY		/ 4		ONSET AND DEATH
	(This does not mean the mode	ATH of dying, e.	8. (A) 145P	utmove ca	rdiovadula	<del></del>
	heart failure, asthenia, etc. It minjury or complication which			ieure		
	ANTECEDENT CA	USES	(	had was us	1	
Z	DISEASES OR CONDITIONS	. IF ANY. GIVI	NG (B) WIL	me vaiu	en accini	<b>Y</b>
F	RISE TO THE ABOVE CAUSE (	A) STATING T				
CA			(C)			••••
RTIFIC	II	DIFIGUE	Residence School			
Ш	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELAT	ED			
U	19A. DATE OF OPERATION		R FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	The state of the s			Loss Wilebe Dib	(If in Baltimore City, g	YES NO L
MEDI	21A. ACCIDENT WAS UNDER LYING ☐ OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., i ,farm,factory,street,office bldg.,		(II in Baltimore City, g	ive exact location;
	ID. TIME (Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR		JRY OCCUR?	
		m,	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I c				, 19	
	deceased alive on	<del>7, 19</del>	and that death occur		n the causes and on th	e date stated above
	FOR CO	Lun	for M.D.	Sina Hoy	sof Dalt.	9/25/52
24 TIC	A. VBURIAL, CREMA- 24B. DATE N. RENOVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 245	LOCATION (City, town,	or county) (State)
	1) Hepr	9-1952	1st Petris -	D DA	nousy com	ADDRESS_
	CAL REGISTRAR	r's SIGNAT	Williams, M;	25. FUNERAL DIRECTO	h Inc 121	7 St Paul
	vs 150	9			/	St



53	38849	
BIRT	H NO.	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8849

1	CERTIFICAT	E OF DEATH	Registered No	0
1.	NAME OF DECEASED & C to		2. DATE Ga	24512
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE	Where deceased lived. If in	nstitution : residence before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or location)	my	Part	time
	30 m/ Westfield ave	13.11.	f outside corporate limits,	7 - Otownship
	Yrs. Mos.	200-1111	rural, give location	c
-	Length of stay in Baltimore  Days  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	11		Inder   Year   II Under 24 Hours ths: Days   Hours! Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	7 74	12. CITIZEN OF
	done during most of working life, even if retired)  INDUSTRY	Ball	2ml	WHAT COUNTRY
13	Phane Cris	14. MOTHER'S MAIDEN N	IAME	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	AD AD	DRESS 3 0 2/
_	No	James ?	Planter 1	INTERVAL BETWEEN
	18. 443x and 260x CAUSE DISEASE OR CONDITION DIRECTLY	OF GEATH		ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nal arterioscles	10000	1 week
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	1. 4.	1 4.	
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	lusire arlerios	clerolic	10 years
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	io vascular d	lisease	<b>'</b>
TIFIC	II	1. 00.0		
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	es melletus		10 years
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC/	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, gi	
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJUR	Y OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		VAIA -	
	22. I hereby certify that I aftended the deceased from 4, deceased alive on 23, 1952, and that death occur	red at 3 = Pm. from	the causes and on the	That I last saw the date stated above
	23A. SIGNATURE AND ASTOMACH	153/ North	7 Ore	23C. DATE SIGNED
2.4 TI	M. D.    A. BURIAL CREMA- 248. DATE   249. NAME OF CEMET		OCATION (City, town, o	or county) (Staye)
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	mul	ADDRESS A
	CED 251952 that to Will	de mele.	5305 Har	and sel
	VE 150	7 1		

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8850

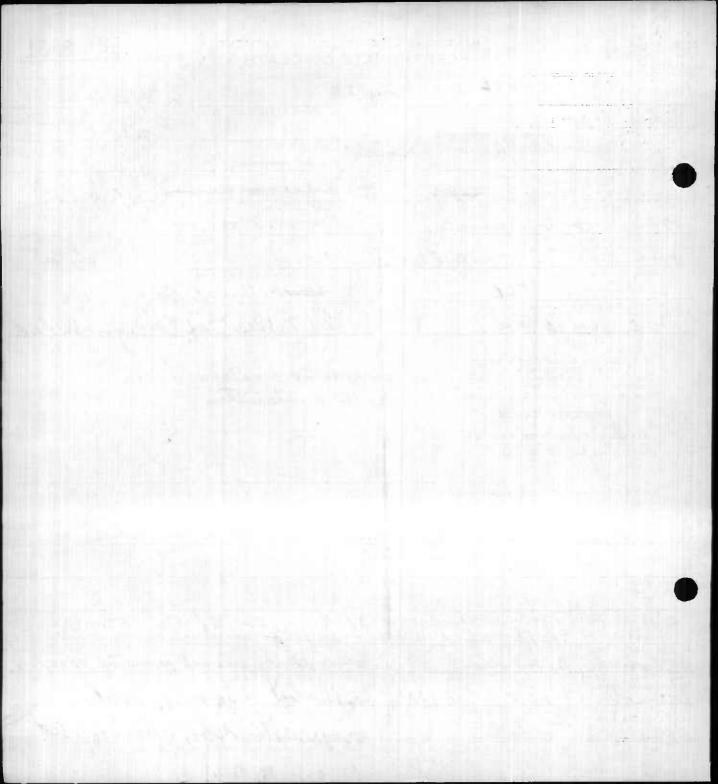
_B	IRTH NO.							4
	NAME OF D	w 11	11			2. DATE OF		
-	PLACE OF D	THOMAS	MA9	mer	0	DEATH 7	-201	1
		City, Maryland	Baltina	and Ind	4. USUAL RESIDENCE	// B. COUNTY	I. If institution bef	n: residence fore admission)
1	FULL NAME	OF (If not in hospit	al or institution	on, give street address or		de 3 256	month	Uls Test
11	STITUTION	7	0.	location)	C. CITY OR TOWN	If outside corporate	imits, write RI	URAL and give
	0	Maplen	Squa.	e Hospital	Dalles	mare,	1-0	) Pwilsing)
B			1	// Yrs. Mos.	D. STREET ADDRESS	If rural, give location	1	
	Length of s	tay in Baltimore	U	Days	29199 11	onlehelle	o les	race
٥.	M	6. COLOR OR RACE	7. SINGLE.	MARRIED. ED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days	s Hours: Min.
-10	./	N	IVIA	RRIED	4-11-1892	60		
worl	doneduring most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITI	ZEN OF
H	19HWA	X ENGINZE	P-Stat	i Rol Com.	Ma.			ti cooliikii
13	ATHER'S	IAME ()	11		14. MOTHER'S MAIDEN	NAME (A)		1
	Tho	nas. Ih	1	agner,	to land	workorth	101000	Wort
15 (Ye	. WAS DECEASE , no nr unknown)	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS	7
`				SEPORITI NO.	Mis. Johnno	H Han	100 - A	0 0
	18. 420	10		CAUSE	OF DEATH	1	INTER	EVAL BETWEEN
		E OR CONDITION	DIRECTLY	0		/	ONSE	T AND DEATH
7	(This does	not mean the mode of	TH of dving, e.g.,	(A) Cerel	rovoscular	Remonda	sc 2	4-482
1	heart failu	re, asthenia, etc. It mea complication which	ns the disease,					
				002 10				
7		ANTECEDENT CAUS	ES	Coles	issolardie luni	Trues least	this.	2 ,, , ,
Ó	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)		1- 0		
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING THE	0/1	ex alined on to	mischer		
2				(C)				
1		II-				2		
FR	TRIBUTING	IGNIFICANT CONDI	NOT RELATED	1 de la	ali al		7.	5
Ü	TO THE DI	SEASE OR CONDITION	CAUSING IT.		c scarrenges	The state of the s	6	· Mo
الد	19A. DATE O	E OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			AUTOPSY?
CA	ali ACCID		1 210 DI A/	CE OF INJURY (e. g., in	Late WHERE DID	(If in Datalana Cia	YES	
	LYING OF	ENT WAS UNDER-	about home, far	rm, factory, stgest, office bldg., e	or 21c. WHERE DID	(If in Baltimore Cit	y, give exact	location)
\$	CAUSE OF			70	10			
	F INJURY	Month) (Day) (Year)		1E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?		
		10		WORK NOT WHILE	1, 100	0		
	22. I hereby	y certify that batt	ended the d	leceased from 2	2 dept 1952, to	23-04/1	Sthat I	last saw the
	deceased al	ive on - For			red at 1033 ff. from			
	23A. SIGNAT	URE	1		3B. ADDRESS	11		TE SIGNED
	res	- W. /	one.	19.D M.D. 5	o Franklin O	9. Noap.	. 298	10/52
TIK	N REMOVAL (S	REMA- 24B, DATE	1 - 2	4C NAME OF CEMETE	RY OR CREMATORY 240!	LOCATION (City, to	wn, or county)	(State)
1	Derrial	1 4 K	125	Haly 1	Idlemen Fo	Jallo	In	1
LC	TE RECEIVED	RAP	ture any	E/11.	25 FUNERAL DIRECTOR	(2/1	ADDRES	is po
	SEP 25	1952 " m	motor 1	Volublus, M.	X X Ruck	J305 /0	tartore	* 16
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				E3 ( J. ) (			//	

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egistered	No_	0001	

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	NAME OF D	ECEACED -	4			1	
(T:	pe or Print)	C	HARLES	Hainy D2	×	2. DATE OF DEATH 9/25/5	2_
A.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If institu	otion : residence before admission)
HC	SPITAL OR	OF (II not in i	nospital or institution,	/ location)		outside corporate limits, writ	e RHRAL and give
IN	STITUTION	encro yes	a a com	4 Haspital	cockeysneill		township)
				Yrs. Mos.		rural, give location)	100
		tay in Baltimo		Days	Coctety rest ble	ma york	rel
	SEX M	6. COLOR OR R	MUDOWED	DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Months	Year If Under 24 Hours Days Hours Min.
10/	. USUAL OC	CUPATION (Give)	kind of LOB. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or for		ITIZEN OF
	A	R.R	Cooty	Clop le	ma		VHAT COUNTRY?
13.	FATHER'S N	. 1	0		14. MOTHER'S MAIDEN NA	ME O	
	wille		TH		MENTS am	a May Tec	oct.
15. (Yes	WAS DECEASE no or unknown)	Of the state of th	RMED FORCES? 16	SECURITY NO.	17. INFORMANT S	ADDRE	SS Mh Out
	11 -1	MOS XI	1105. L	CALICE	my neces n	y corregio	TERVAL BETWEEN
	W. 54	0.11		CAUSE	OF DEATH		NSET AND DEATH
		LEADING TO	DEATH	0-0	antide To		
	(This does heart failu	not mean the mre, asthenia, etc. l	ode of dying, e.g., t means the disease,	(A) P.D.L.	promy austr	e weer	
	injury or	complication wh	ich caused death.)	OUE TO wit	aroted austri	5	
		ANTECEDENT	CAUSES				
TION	DISEASES	S OR CONDITIO	NS. IF ANY, GIVING	(B)			***************************************
E	RISE TO T		(A) STATING THE	DUE TO			
CA			ii sasii			1000	
Ē		11		(C)			
RTI		IGNIFICANT C	ONDITIONS CON-				
C			BUT NOT RELATED	***************************************			
		F OPERATION		NDINGS OF OPER	ATION		20. AUTOPSY?
Y.	9/29	1/52	840 6	remisk	fluid everetty		YES NO
EDICAL	HOMICIDE	(Specify)		OF INJURY (e. g., in factory, street, office bldg., e		f in Baltimore City, give ex	xact location)
Σ		Month) (Day) (	Year) (Hour)   21E.	INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	DF INJURY		WHILI				
	22 I hereb	a contifu that	m.   wor	_	124 , 195210 9	125 100 21/1	t I last sam the
					red at 10 53 m., from th	e causes and on the da	te stated above
	23A. SIGNAT	TURE	, 10 July area	2	3B. ADDRESS	230	DATE SIGNED
	Lolu	ele Bay	khow	M. O. 1	uaryland Gene	ral Haspital	9/25/59
24	A. BURIAL, C	REMA- 24B. DA		NAME OF CEMETER	RY OR CREMATORY 240. AC	CATION (City, town, or cou	inty) (State)
E	west	17-4	8-52 90	stops me	elbodest Id	peral Ma	
	TE RECEIVE	BY REGIST	RAR'S SIGNATORE		25 FUNERAL DIRECTOR	1 OA ADD	RESS
_6	ED-251	952 11	tington W	Viene 15	J. MONESOC	Tex Hotelet	Med
Des	VS 150		0	value, my			
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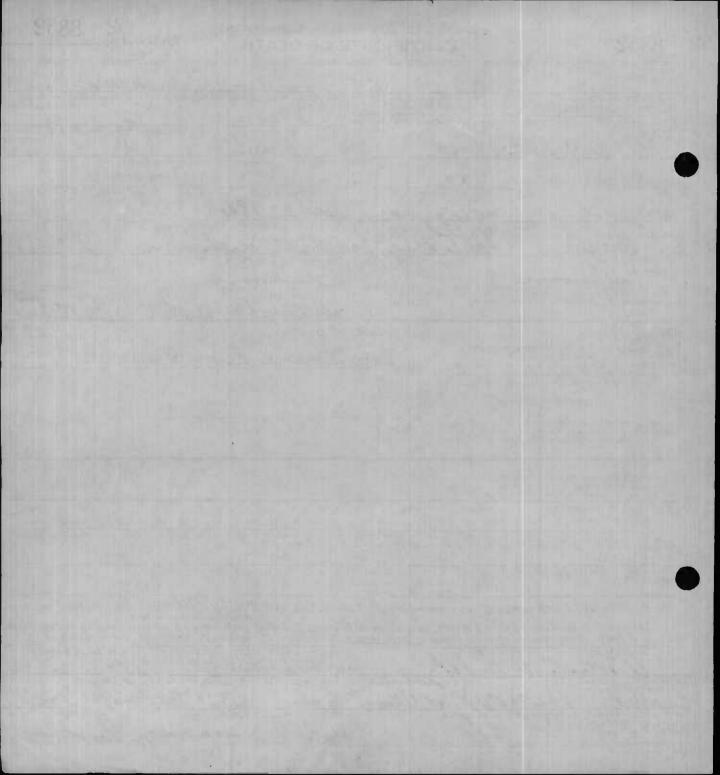


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

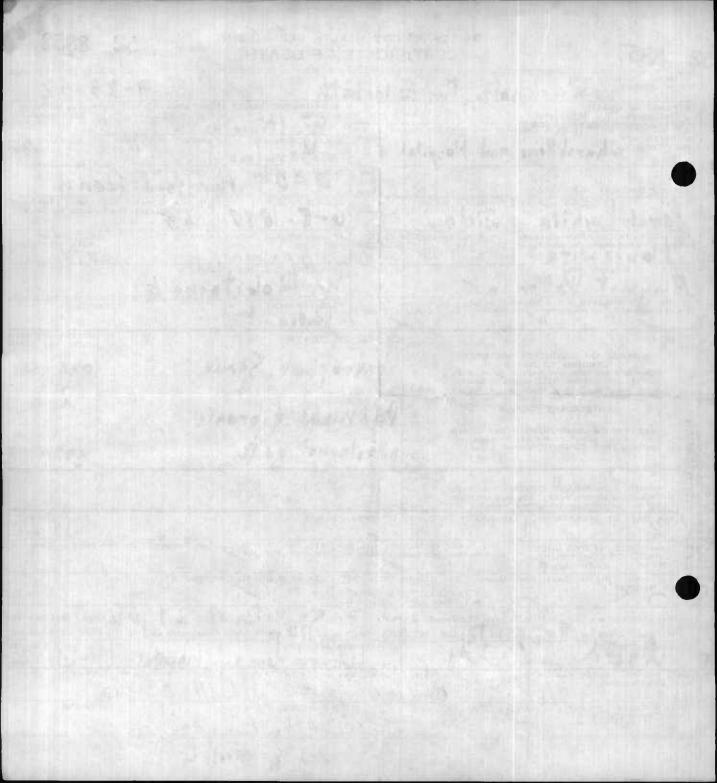
#### BALTIMORE CITY HEALTH DEPARTMENT

52 8852

) k	BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	0000			
ı	1. NAME OF DECEASED (Type or Print) HERBERT	2. DATE OF DEATH Septem	her 25 1953					
1	3. PLACE OF DEATH: A. Baltimore City, Maryland	WRIGH!	4. USUAL RESIDENCE (W					
1	B. FULL NAME OF A not in hospital or institution in the contraction of	ution, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limits, v				
	Baltimore City Mon	rgue Yrs.	Baltimore		( township)			
0	c. Length of stay in Baltimore	LO Mose	804 W. Ba	altimore Stree				
		LE. MARRIED, WED, DIVORCED (Specify)	1000/22.1890	9. AGE (In years if the last birthday) Month	der 1 Year   If Under 24 Hours   Min.			
	10A. USUAL OCCUPATION (Give kind of work done guring most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	2. CITIZEN OF WHAT COUNTRY?			
	3. FATHER'S NAME	inting 60.	14. MOTHER'S MAIDEN N	ugan	NSA			
	Mukuoun  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Unknown					
	(Yes, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.	mr George m.	Weston 802	Raltings.			
	18. 541.1		OF DEATH V		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e	g., (A) Ruptur	ed duodenal ulcer	with peritoni	tis			
	heart failure, asthenia, etc. It means the diser injury or complication which caused dea	th.) OUE TO						
	ANTECEDENT CAUSES  (B)							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
	II E	(C)						
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	/ 1	R FINDINGS OF OPERA	ATION		20. AUTOPSY?			
	= UNIDERI VINIC TI OR CONTRIB   about home	ACE OF INJURY (e. g., in , farm, factory, street, office hidg., et	or 21c. WHERE DID (I.	f in Baltimore City, give				
	UTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?				
	OF INJURY	WHILE AT NOT WHILE AT WORK		2				
	22. I certify that I took charge of the the evidence obtained by said Aut		Autopsy, 1	Inspection or Inquiry	thereon and from			
	and death in my opinion resulted	from: <u>natural causes</u>	☒, accident □, suicide	$\square$ , homicide $\square$ , und	letermined [].			
	William Work		23B, CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	or Sep	t. 25. 1952			
-	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Rurial 9/27/57	MATO PRINT	Gem. 193	OCATION (City, town, or	(State)			
	DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	1 9	PORES 17			
	VS 151	Theature M. ?	tohny Cour	anton 3	follows			



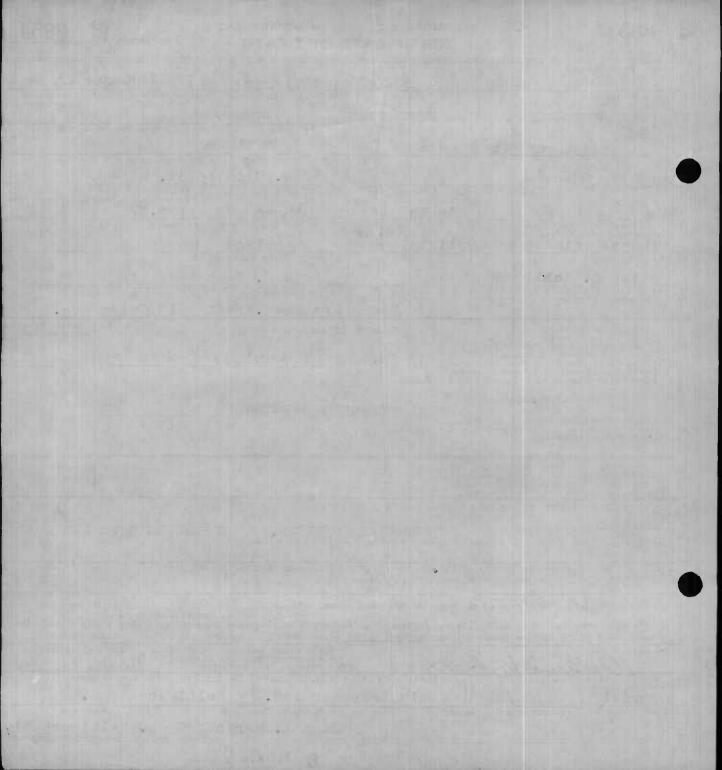
DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEAS 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A Baltimore City, Maryland before admission) Sa Timere eson no B, FULL NAME OF (if not in nospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If qutside corporate limits, write RURAL and give INSTITUTION Yrs. ADDRESS (If rural rive location) Mos. c. Length of stay in Baltimore Days If Under 1 Year 7. SINGLE, MARRIED, WIDOVED, DIVORCED (Specify) 6. COLOR OR RACE AGE (In years If Under 24 Hours last birthday) | Months: Days | Hours | Min. MIGON 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BUSSWI MAN 134FATHER'S NAME 444 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uninown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. E. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION NO VES 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 20 70 19\_12\_to\_ 22. I hereby certify that I attended the deceased from. , 19 16 that I last saw the , 19 D, and that death occurred at 12 mm., from the causes and on the date stated above. deceased alive on\_ 2 A SICNATURE BC. DATE STENED 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE JURIA MAKIAWA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS E 0 0 8802 HarofoRD VS 150



Registered No. 885.4

BIRTH NO.			CERTIFICATI	OF DEATH		registered 1	
1. NAME OF	DECEASED		1 10 10 10 10 10 10 10 10 10 10 10 10 10	1	)   2. DA		
(Type or Print)		CARL	SCHLEMER				mber 22, 1952
3. PLACE OF	DEATH: City, Maryland			4. USUAL RESIDENCE	CE (Where de	ceased lived. If	institution: residence before admission
B. FULL NAMI	E OF 'f not in hos	oital or institut	tion, give street address or	Maryl			10
HOSPITAL OF			location)	C. CITY OR TOWN		corporate limit	ts, write RURAL and give township
5.1	Baltimore	City Ho		Balti		for Co	
			Yrs. Mos.	o. STREET ADDRESS			
	stay in Baltimore		Days	113 N. Cli			K 0- 4- 1 V 1 K 11 1 04 0-
5. SEX	6. COLOR OR RAC	WIDOV	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH			H Under 1 Year H Under 24 Rose onths Days Hours Min
Male	White		ingle	Unknown 11. BIRTHPLACE (Stat		ro.371	
ork done during mo	CCUPATION (Give kind st of working life, even if retire	(b)	INDUSTRY	II. BIRTHPLACE (State	e or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY
Len 13. FATHER'S	se grinder	Or	ticial	Marylar			1
			(1)				
	s W. Schlin		1.0.000111	Anna M. Y	eakel		
Yes, no or unknow	SED EVER IN U. S. ARM	ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DDRESS
			7 7	Mrs Chas.Kr	art 8	18 Cate	or Ave.
18. 00	2 X		CAUSE	OF DEATH			ONSET AND DEAT
	ASE OR CONDITION	ATH	** **				
(This do	es not mean the mode ilure, asthenia, etc. It m	e of dying, e.		nary tuberculo	sis	***************************************	
	or complication which						
	ANTECEDENT CAUSES						
DISEAS	ES OF CONDITIONS		( )	nary hemorrhag	e	**********	***************************************
RISE TO	THE ABOVE CAUSE (	A) STATING T	HE OUE TO				
K ONDER	LYING CONDITION	LAST.	(c)			************************	
OTHER	11						
OTHER	SIGNIFICANT CON						
TO THE	DISEASE OR CONDITIO	ON CAUSING	IT.	= = <u> </u>			
19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
ZIA. EXTE	DNAL CALIEF WAS	1 21a PI	ACE OF INJURY (e.g., in	or   21c. WHERE DID	(If in Ba	timore City.	YES X NO L
-   DADEKTAL	RNAL CAUSE WAS	about home,	farm, factory, street, office bldg., e		(12 110 200		Brite Calabo Toolanding
1 011110	CAUSE OF DEATH						
OF INJUR	(Month) (Day) (Yes		21E. INJURY OCCURRE	ED 21F, HOW DID IN	IJURY OCCU	R7	
		m.	WORK AT WORK _		Λ		
22. I cer	tify that I took ehe	arge of the	remains described a	bove, held an	Autopsy opsy, Inspection		_ thereon and from
the e	vidence obtained b	y said Auto	opsy, Inspection or I	nquiry, find that sa	id deceased	died on th	ie day stated abov
and o	leath in my opinio	n resulted	from: natural causes	. E, aecident , su	icide $\Box$ , hor	mieide 🗌, u	indetermined .
23A. SIGN	TURE 10	11/1	8/	ASSISTANT MEDI	CAL EXAMIN	ER	C. DATE SIGNED
ZAA BURIAL	CREMA- 248, DATE	1 Cou	M. 24C. NAME OF CEMETER	D. MEDICAL INVEST	IGATOR		ent. 23. 1952 or county) (State)
24A. BURIAL.	(Specify)	,					
Buri DATE RECEIV		6/52	Holy Rede	25. FUNERAL DIRECT	Balti	ner.e	Md.
LOCAL REGIS		R'S SIGNATU				0 T D.	
CED 75	1932	Exectors	1111	John A. Mor	One ur	U L. IS	at studie of

10 5 5 GF 3 M B 8 1 9



Balti., Md.

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) S. PLACE OF DEATH: DEATH Sept 23, 1952 Jenkins 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Twlight Nursing Home Raltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore AVE.

9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours Min. 3032 Windsor Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Mar. 15 1870 23 White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY U.S.N. Hochschild Kohn Carnenter Towa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRASS3 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. Sussie V. Jenkins, 6-01-8172A 450.0 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., cardiac weakness sev months heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO generalized arteriosclemosis ANTECEDENT CAUSES sev month NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED malnutrition sev weeks TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? H CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from August deceased alive on 19 and that death occurred a 152 to Sept. 23, 1952, that I last saw the and that death occurred at 1:00 h., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED MARYLAND AVENUE 9-25-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE Frederick Road Balti. Md. Sept. 26.1952 Mt. Oliver Cemetery Burial 2 Docas PMark DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR R. Martin, 1902 Eutaw Place

VS 150

ela destablished to l'atterne

BIRTH 1	CERTIFICAT	E OF DEATH	Registered N	<u>86896</u>		
(Type or	Topen Junear L	House	2. DATE OF DEATH	. 221958		
A. Balti	more City, Maryland JOHNS HOPKINS HOSPI		here deceased lived. IN B. COUNTY	nstitution : rendence before admission)		
B. FULL HOSPITA			outside corpdrate limits	which RI RAL and give township)		
0	Yrs. Mos.	D. STREET ADDRESS (IE.	ural, give location)	0		
c. Leng	th of stay in Baltimore Days    6.COLOR OR RACE   7. SINGLE, MARRIED.	B. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours		
Ma	Colored Wildowed, DIVORCED (Specify	Det.1.1916	35	nths Days Hours Min.		
work done du	JAL OCCUPATION (Give kind of ring most of working life, even if retired)  INDUSTR	Y SIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY!		
13. FATH	levander House	14. MOTHER'S MAIDEN NA	ME 19:11			
15. WAS (Yes, no or r	DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS		
18.	OOTX CAUSE	OF DEATH		INTERVAL BETWEEN		
(T	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does not mean the mode of dying, e.g., art failure, asthenia, etc. It means the disease,	un Peaction	?	ORSEL AND BEATH		
l in		erculosis, pulmonar				
RIS	OI DALATSOCHE AHOLECTO STITUS					
E OT TR	II THER SIGNIFICANT CONDITIONS CON- IBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING IT.					
19A.	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					
[ H LYIN	ACCIDENT WAS UNDER.  IG OR CONTRIBUTING SE OF DEATH  ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., ebout bome, farm, factory, street, office bldg.		in Baltimore City, g	YES NO Vive exact location)		
	TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURI	E(-)	OCCUR?			
22. I hereby certify that I attended the deceased from \$ 15, 1953 to 9 22, 1953 that						
	ased alive on 1,22, 1952, and that death occu	238. ADDRESS OHNS HOPKINS H	ne causes and on th	23c. DATE SIGNED		
24A. BU			OSPITAL City, town,	9/23/5~2 or county) (State)		
13	urial 9/2 7/52 Sun	ment on So	outh (a	rolina		
LOCAL I	REGISTRAR'S SIGNATURE	Engene Wal	ers 661 u	Bane St		
	150/932 Hunlington Wallows, My	63				
	4.9	0 0 8 8				

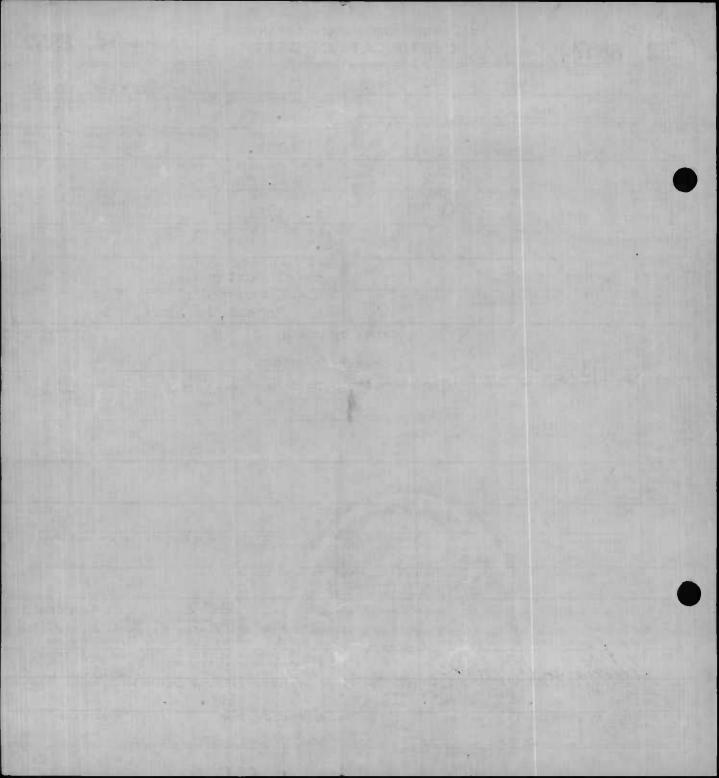
See Chery reply in Document File 72-8856 10/15/52 ES

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	26	DV 52 8	8857 5/-2			EALTH DEPARTMENT E OF DEATH	Registered	2 8257	
		NAME OF E	ECEASED	ILLIP	Ray ROGER	S		nber 25, 1952	
		Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution : residence before admission)	
	B. H				ion, give street address or location) spitel		outside corporate Umit	s. write RORAL and give township)	
legibly		Length of s	tay in Baltimore		Yrs. Mos. Days	p. Street Address (If rural, give location)  9 S. Carey St			
and le		5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single)			(ED, DIVORCED (Specify)	Dec. 17/51		nths Days Hours Min.	
clearly	1 C	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
death cl		oward R				Rachael Sextor			
of	15 (Ye	5. WAS DECEAS s. no or nnknown)	ED EVER IN U.S. ARMED (If yee, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT LOWARD ROGERS, S		DDRESS	
Physicians: please write the causes	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OCEATH, BUT NOT RELATEO								
	CER		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?	
important.	EDICAL	218. PLACE OF INJURY (e.g., in or 216. WHERE DID (if in Baitimore City, give underlying De Contrib.)  UNDERLYING DE OF DEATH							
>	Z	21b. TIME OF INJURY	(Month) (Day) (Year)	h) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 m. WHILE AT NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeter  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER									
correct	D.	ATE RECEIVE OCAL REGIST 45	D BY A REGISTRAR'S		Mt. Olivet	25. FUNERAL DIRECTOR	6,4161 Can	ADDRESS WONASEK	
						- (/	-	Lecce	



	65° 5	2 8858		EALTH DEPARTMENT	7 52 Registered No	8858	
1	BIRTH NO.		CERTIFICATI	E OF DEATH			
ı	1. NAME OF (Type or Print)	Ma Alb	eat Horna		2. DATE OF DEATH	/22/52	
ı		City, Maryland		4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If in B. COUNTY Carroll	nstitution : residence before admission)	
	B. FULL NAME HOSPITAL OR INSTITUTION		tal or institution, give street address or location)		f outside corporate limits,		
ı	4	niversity	Hospita/	Mt. Air	Married Total	township)	
ı		stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	600	
ı	5. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWED	8. DATE OF BIRTH	last birthday) Mon	nder 1 Year   If Under 24 Hours ths Days Hours Min.	
Н	male	CCUPATION (Give kind of	108 KIND OF BUSINESS OR	12-27-1891 11. BIRTHPLACE (State or f.	oreign country)	2. CITIZEN OF	
П	work done during most	tof working life, even if retired)	Construction		oseign country)	WHAT COUNTRY	
ı	13. FATHER'S	enter NAME	Ourserace	14. MOTHER'S MAIDEN N	AME		
Ш		not	known	not known			
l	15. WAS DECEAS	SED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. 3	17. INFORMANT ADDRESS Robert Schmidt, Mt. Airy, Md.			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)						
	19A. DATE	OF OPERATION 3	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  POWDS O SAMO OF THE DID INJURY OCCUR?  (If in Baltimore City, give exact location) INJURY OCCUR?						
	21D. TIME F INJURY	(Month) (Day) (Year)	) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?		
Tan ar	22. I hereby certify that I attended the deceased from 831, 1951 to 9/22, 1952 that I last saw the deceased alive on 9/22, 1962 and that death occurred at 9 2m., from the causes and on the date stated above.  23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
0	24A. BURIAL, TION, REMOVAL (	CREMA- Specify) 24B. DATE	24c. VAME OF CEMETE		OCATION (City, town, o		
2007700	BIRTAT DATE RECEIV LOCAL REGIS	9-26-1 D BY   REGISTRAR	952 PTNE GRO	VE Mt 25. FUNERAL DIRECTOR C. M. Waltz,		ADDRESS	
3	Zvs 156	P 25 1952	ghin Williams, M.P.	940088	5 3		

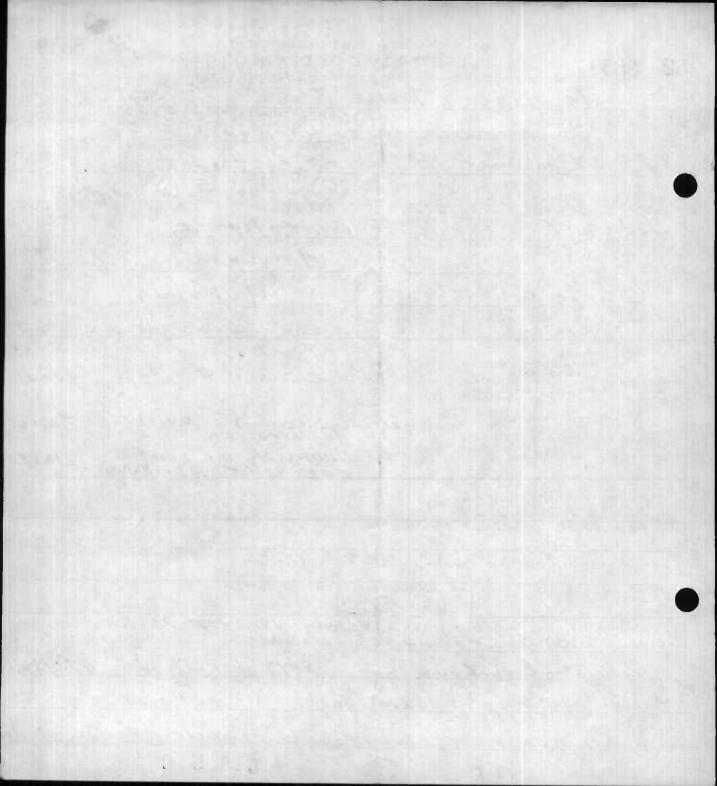
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#### BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 8859

ВІ	52no. 88	359		CERTIFICATI	E OF DEATH	Registered N	0	
1.	NAME OF D ype or Print)	MA dEL	INE	CATHERINE		2. DATE OF DEATH SEP7		
3. PLACE OF DEATH!  A. Baltimore City, Maryland					4. USUAL RESIDENCE	(Where deceased lived. If i	nstitution: residence before admission)	
HC	SPITAL OR			ion, give street address or location)	c. CITY OR TOWN	If outside corporate limits	, write RURAL and give	
	2450	W. BALT	MORC		-13ALT	IMORE )	0-0-2	
c. Length of stay in Baltimore Life Mos. Days					2450 W	. BALTIMON		
-	EMALE	6. COLOR OR RACE	MIDOM	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mor	Under 1 Year If Under 24 Hours hths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF	
work	House during most	of working life, even if retired)	D.	MESTIC	MARYLAND 24.5. 14.			
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
	G	EURGE M	1.46	R	Yn	Known.		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	/	DRESS	
	No	NONE		NONE	MELVIN L. K	RANZ 2450	W. BH410.ST.	
	18. 42			CAUSE	OF DEATH		ONSET AND DEATH	
		SE OR CONDITION LEADING TO DEA	TH	Ach	Le edema "	f the lunge	11 hear	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES  Chronic Myocardib - Myocard - 94  DISEASES OR CONDITIONS, IF ANY, GIVING							
Z	DISEASE	S OR CONDITIONS,	F ANY, GIVIN	(B) (B)	degeneration	94.	7705.	
ATIO	RISE TO 1	HE ABOVE CAUSE (A)	STATING TE		diseases of		9405	
IC/				(C)	aurichlas	Librillah	04	
T	OTHER S	II SIGNIFICANT COND	ITIONS CO	J.				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
,				FINDINGS OF OPER	RATION		20. AUTOPSY?	
A							YES NO	
EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)	
2	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?		
	INJUNY		m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from Valyary 1, 1957, to 23, 1957, that I last say deceased alive on Scot. 1957, and that death occurred at 12:20 Am., from the causes and on the date stated a								
							ne date stated above.	
	23A. SIGNA	TURE E	Rus	men M.D.	238. ADDRESS 25/7 W	: Bulto. H.	23c. DATE SIGNED 9/23/32.	
2	4A. BURIAL,	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town,	or county) (State)	
11	134R1		-52	Loudon	TARK 1	DALTIMORE	, Md.	
	ATE RECEIVE		'S SIGNAT	URE	25. FUNERAL DIRECTO	1	address. EdicieKA	
11_	JLT LU	1306	- 1	WILLOUAN Mix.	GEO.L. Schu	011 0 8/0//	0 00/10///	

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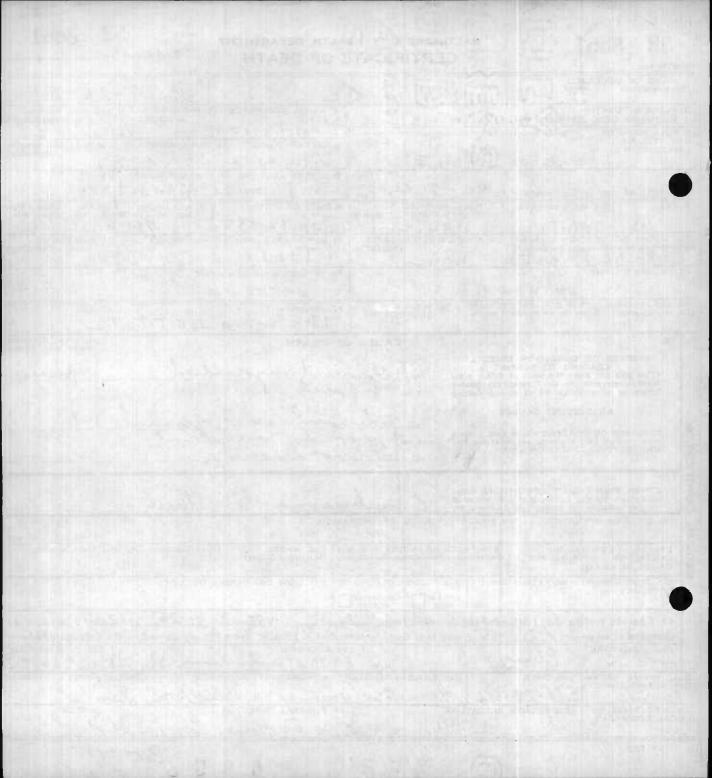


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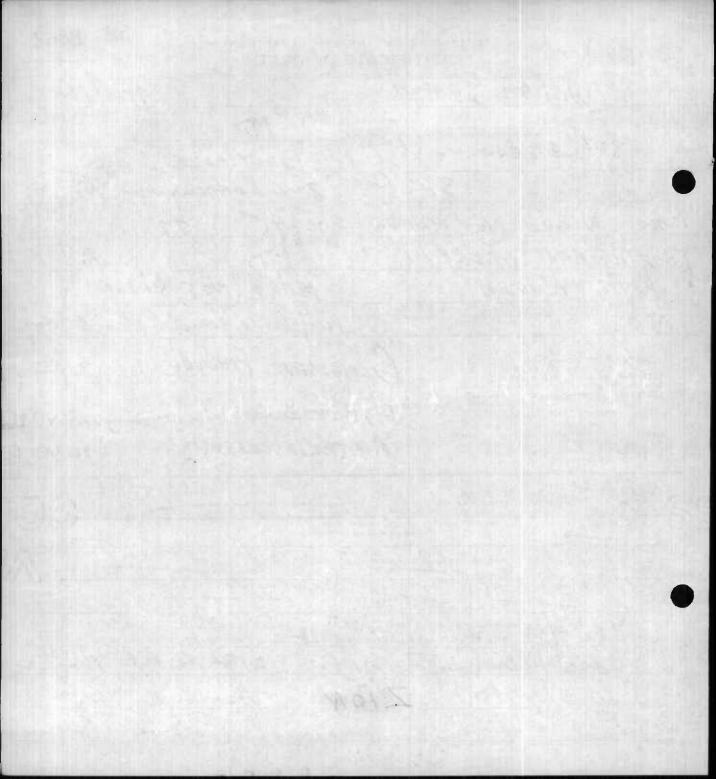
## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Tev. Mariano Nilanese DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 6426 TeistersToyrn Tou a A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF reunsvivania Hanova location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION he Seton township) ustitute illanova D. STREET ADDRESS (If rural, give location) Yrs. 1 Mo. - 26 days Mos. ot. I homas ength of stay in Baltimore Monastery 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I lear I Under 24 Heurs iast birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH SINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work-jone during most of working life, even if retired)

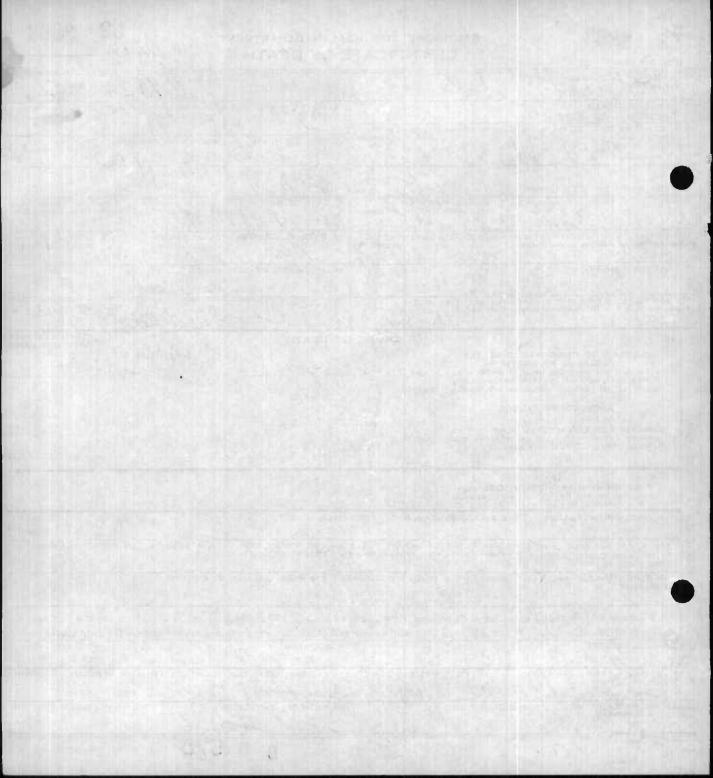
Catholic Intest INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S.A. UNKHOWN UNKHOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. he Seton Institute 18. 42011 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS 20. AUTOPS 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT . 1952 to Sent, 26 , 195 Z that I last saw the e 30 22. I hereby certify that I attended the deceased from\_ deceased alive on \$ 1.25 . 195 2 and that deat occurred at 5:40 a.m., from the causes and on the date stated above. 23A. SUNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETER' DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



162		
0000	CITY HEALTH DEPARTMENT	52 8862 Registered No.
1. NAME OF DECEASED PARK	2	2. DATE 0F 9/25/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	Where deceased lived. If in titution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR 23 LEADENHAU T	location) c. CITY OR TOWN (I	outside corporate limits, write RURAL and give
		rural, give location)
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	Days 8. DATE OF BIRTH	9. AGE (In years)   II Under 1 Year   II Under 24 Hours
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINE	40 3/10/75	last birthday) Months Days Hours Min.
work done during man of working life, over tretired)	SS OR NDUSTRY	oreign country) 12. CITIZEN OF WHAT COUNTRY
S. FATHER'S NAME NOT KNOWN	14. MOTHER'S MAIDEN N	NOT KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no grahnown) (If yes, give war or dates of service) SECURI	ITY NO. 17 INFORMANT	andolph Hoore
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	JONGESTIVE PA	INTERVAL BETWEEN DNSET AND DEATH 2 YRS.
ANTECEDENT CAUSES	HYPERTENS: DA	10 425
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ARTERIOSCLER	osis 10 yrs.
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street	RY (e. g., in or t,office bldg.,etc.) 21C, WHERE DID (1NJURY OCCUR?	If in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY		Y OCCUR?
m. WHILE AT WORK	NOT WHILE AT WORK 10 TO to	FPT. 195 that I last saw the
	ath occurred at 12.m., from t	he causes and on the date stated above.
Lise Williams 4.	M. D. 145W. HOUTE	CONERY & PATESTANED
24a. BURIAL CREMA- 24B. DATE 24C. NAME OF TION REMOVAL (Specify) 9/30/1952	7	OCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	M. Charles a.	Rice-661W. Barre St.
VS 150 Mills 0 1 7 6 23	3055	



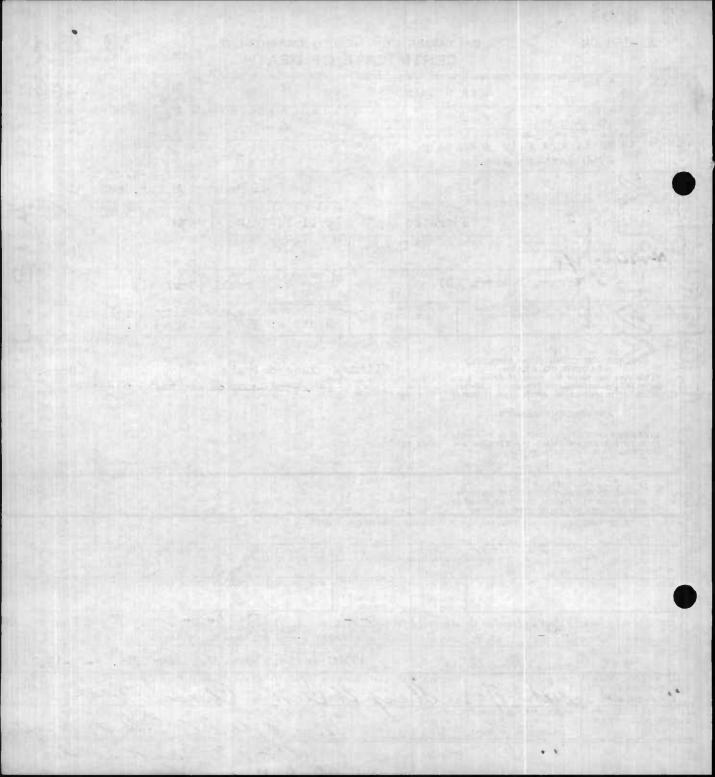
VS 150



correct age is especially important. Thysicians, prease write the causes of death creatly and regions,

### BALTIMORE CITY HEALTH DEPARTMENT

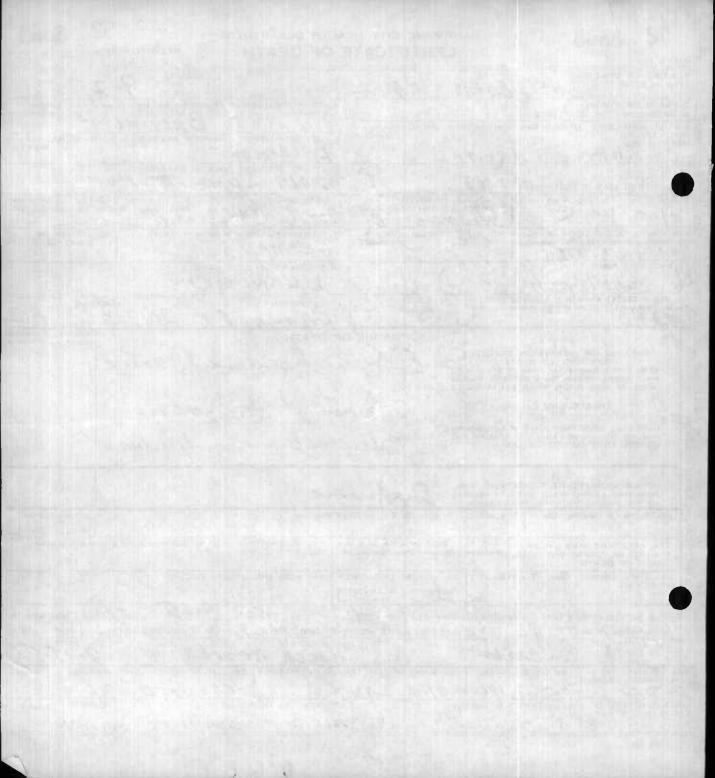
ВІ	RTH NO.			CLIVIII ICATI	- OI DEATH		
	NAME OF E	ECEASED	Rose	Cooper		2. DATE OF DEATH	Sept. 23-1952
A.		City, Maryland	l on in stitut	ion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, I. B. COUNTY	f institution: residence before admission)
H	OSPITAL OR	Baltimore Cit 4940 Eastern	y Hosp	itals location)			its, write RURAL and give township)
<u></u>	Length of s	tay in Baltimore	Li	Yrs. Mos. Days	d. STREET ADDRESS (If 2801 Remi	rural, give location) ington Ave. 2	zone 11
5.	SEX F	6.COLOR OR RACE		E. MARRIED. /ED DIVORCED (Specify)	April 10-1914	9. AGE (in years last birthday) M	M Under 1 Year M Under 24 Hours Onths Days Hours Min.
	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f. Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Vernon Jo	hnson	(D)	14. MOTHER'S MAIDEN N Mary E. Carroll	(Corrall)	
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEC (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANBaltimo Records: 4940 E	re City Hosp Eastern Ave.	etats
	18.0/9.	2 1		CAUSE	OF DEATH	hillian Pillelande ar finn gailt a till a sallat i gir same again, ng a gangang a meta riya	INTERVAL BETWEEN DNSET AND DEATH
		SE OR CONDITION LEADING TO DEAT not mean the mode o	H	Milia:	ry Tuberculosis		3mos.
	heart failt	re, asthenia, etc. It mea complication which c	ns the diseas	e,		***************************************	
		ANTECEDENT CAUS	ES				
Z	DISEASE	S OR CONDITIONS, IF	ANY, GIVIN	(B)	***************************************	·	
ATI	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TD			
-1C				(C)			
RTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CDN	1.			
CEI		TO THE DEATH, BUT					
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereb	y eertify that I att	ended the	deceased from 6-5-	, 10-	-23 195	2, that I last saw the
	deceased a	live on 9-23-	, 19 52	and that death occur	red at 9.20PMn., from t	he causes and on t	the date stated above.
-	23A, SIGNA	C. John de	see le .	D . M. D. 45	940 Eastern Ave.,	Baltimore, Md	9-23-1952
24 TIG	A. BURIAL.	CREMAN 24BADATE		24c. NAME OF CEMETER		OCATION (City, town	THE RESERVE OF THE PERSON NAMED IN COLUMN 1
	ATE RECEIVE	D BY REGISTRAR	SEIGNAT	JRE,	25 FUNERAL DIRECTOR	, 0	ADDRESS
12	FP 2615	52 Thurter	aton 1	Vittiaus M.P.	Mrs. Their	+ q. Eller	It y staughter
	VS 150	W - 1	9. 1	7 1 - 16/03	11297	7. Carole	ne Le
				the first	000		



### BALTIMORE CITY HEALTH DEPARTMENT

× 52 8855

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	. IVO
1. NAME OF DECEASED (Type or Print) SQHELLOA	ch EMIL		2. DATE OF DEATH	-25-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	, ,	4. USUAL RESIDENCE	E (Where deceased lived.	If institution : residence before admission
	institution, give street address or location)	Md		61E
CHUrch Home + Hosp		BALTIMO	VE	nits, write RURAL and give township
Length of stay in Baltimore	45 Yrs Mos. Days	2019 S		que
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B	S. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	GETMAN	4	WHAT COUNTRY
13 FATHER'S NAME		14. MOTHER'S MAIDE		
Mr. Schellbach.		WUKNO	WN	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se		DAYAh?	Fr 2019	ADDRESS + A
18. 3 31 X .	CAUSE	OF DEATH	2 . 6011	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY O	61	. 10	ONSET AND DEATH
(This does not mean the mode of dy heart failure, asthenia, etc. It means th	ing, e.g., (A)	eacespireed	lance (Manu	u
injury or complication which caused	d death.) DUE TO	1		
ANTECEDENT CAUSES	a true	ranial Hes	meruhase	
DISEASES OR CONDITIONS, IF ANY	Y, GIVING			
CHDERETHING CONDITION EAST.	TING THE DUE TO	ionelum	+ Anuclan	ug
<u>u</u>				
OTHER SIGNIFICANT CONDITION				
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU		ma		
19A. DATE OF OPERATION 19B. N	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	1B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City	yes No L
CAUSE OF DEATH	ut bome, farm, factory, street, office bldg., e			
OF INJURY (Month) (Day) (Year) (Hou	WHILE AT NOT WHILE	ED 21F. HOW DID IN	JURY OCCUR?	
	m.   WORK   AT WORK	102 60	0-26	
deceased alive on 7-24 19	ed the deceased from 7	1954 t	o 7-29, 192	that I last saw th
234. SIGNATURE () () 10		2B/ADDRESS/	om the causes and on	23c. DATE SIGNED
Jack & Colli	м. р. С	Hench to	wit (lask	9-25-52
24A. DURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY   2	4D. LOCATION (City, tow	
DATE RECEIVED BY   REGISTRAR'S SI	GNATURE LAM	25. FUNERAL DIRECT	COLGATE	ADDRESS 2 AAA
LOCAL REGISTRAR	- WH.	ULLRICH PUNE	and the state of t	2000
VS 150	on Philialus, 1817.1		JINOV I JUINE (	ORIEDM A
0	195018	4000	A 6)	
		Test.	( ) ( )	



to the Deliver will be a second of the

52 8867 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sept. 24/52 Lucy V. Brown OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (dldenwor 211 S. Furrow St Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 211 S. Furrow St c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Whitw Pemale Married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AUID UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Raymond E. Brown, 211 S. Furrow St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Ruto Haston - Enten RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 7/18 124 , 1954 that I last saw the . 19 5 to\_ deceased alive on 9/24, 1952, and that death occurred at 8:45 km., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BUR AL. CREMA-TLON, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Sept. 27 Lorraine Woodlawn . Md. Burial DATE RECEIVED BY

25. FUNERAL DIRECTOR

ADDRESS

Edmondson

VS 150

LOCAL-REGISTRAR

REGISTRAR'S SIGNATURE

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The state of the s and the second

520				
52 8868 BA	CERTIFICATE		ENT 52 Registered No	8868
1. NAME OF DECEASED	G - 1 7 7		2. DATE OF Gont	97/59
3. PLACE OF DEATH: A. Baltimore City, Maryland 47 23		4. USUAL RESIDENCE A. STATE	DEATH SCOT	
B. FULL NAME OF (If not in hospital or institution Institution 4123 Frederick	location)	c. CITY OR TOWN	Balto. (If outside corporate limits,	write BURAL and give township)
Length of stay in Baltimore Life	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	
White Wipo	LE. MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH  July 4/186	last birthday) Mont	der 1 Year   If Under 24 Hours hs Days Hours Min.
	ID OF BUSINESS OR	11. BIRTHPLACE (Starter)	te or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Schuncke		14. MOTHER'S MAID Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Pred'k Ave
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ase, (A) Muta th.) DUE TO Pruss (B)	Statu Caru May Caruna	mone J Sacys	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS C	ON. My	ordin dege	meretin	
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION J		20. AUTOPSY?
LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,			ve exact location)
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended the degeased alive on 23 Lyt (,) 95 2 24. 515 NATURE	and that death occur		to 23 Sylvin, 19, rom the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24A. BURIAL. CREMA/24B. DATE TION, REMOVAL (Specify) Burial Sept.27/52	24c. NAME OF CEMETE		Balto. Md.	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR		25. FUNERAL DIRECTOR		address
VS 150	E 0 0 0	1	Balto, 29	mdi

correct age is especially infinitelline.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8869

Registered No.

_							
	NAME OF DECEAS		ie O'	Connor		2. DATE OF DEATH	Sept.23.1952
	PLACE OF DEATH: Baltimore City,	:			4. USUAL RESIDE	NCE (Where deceased live	d. If institution : residence
B. H	FULL NAME OF OSPITAL OR	(If not in hospital	or institut	ion, give street address or location)			Ave
IN	ISTITUTION	4 Edmond	son A		c. CITY OR TOWN	o. Md.	limits, write RURAL and give township)
0	the play that	Z Electronia	.5011 1.	Yrs.		SS (If rural, give location	n)
	Length of stay in		Life	Mos. Days	4134 Pd	lmondson Ave	
5.	SEX 6.CO	LOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.
	emale	hite	Wido	**	June 9.18'		
wor	k done during most of working	ag life, even if retired)	IOB, NINL	OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME		Own	Home	14. MOTHER'S MAI	DEN NAME	
	Dolch				Unknov	m	
15 (Ye	. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	411	1 JADDRESS
(				SECURITY NO.	Irs Helen	Fullwood De	Fonso Ave
	18. 420.1			CAUSE	OF DEATH	Coronar	INTERVAL BETWEEN
		CONDITION D		,,,	1 -016	13/-	7
	(This does not m	nean the mode of henia, etc. It means	dving, e. e	(A)		more of one	love 6 more
	injury or compl	ication which car	used death	.) OUE TO			
7	ANTE	CEDENT CAUSE	s	0	eters a	elentra co	do 141
ATION	DISEASES OR C	CONDITIONS, IF	ANY, GIVIN	(B)		mulas de	
TA	UNDERLYING	CONDITION LAS	т.	(C)			
FIC							
ERTI		II ICANT CONDIT HE OEATH, BUT N			ime		
C	TO THE DISEASE	OR CONDITION	CAUSING I	Г.			
AL	19a. DATE OF OPE	ERATION 0 19	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., o	or 21c. WHERE DI	D (If in Baltimore Ci	ity, give exact location)
2	210. TIME (Month	) (Day) (Year) (	Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m. 1	WORK NOT WHILE			
	22. I hereby cert	tify that I atter	0.000		neury 1, 19 5		
	deceased alive or	2/V3.	19			from the causes and o	on the date stated above.
	23a. SIGNATURE	Tuin	WI		3B. ADDRESS	1. Thomas	23c. DATE SIGNED
24	4A. BURIAL, CREMA	24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, t	0/25/01
2014					The second secon		9/25/12
TIC	on, removal (Specify) Burial	Sept 27	152	Hew Cathed	ral	Balto. Md.	9/25/12
D	Burial ATE RECEIVED BY	210 B 270 100 B	/52 SIGNATU	New Cathed	29. FUNERAL DIRE	Balto. Md.	9/25/12
D	Burial	Sept 27	52 SIGNATU				9/25/N own, or county) (State)
D	Burial ATE RECEIVED BY DOCAL REGISTRAR	Sept 27	SIGNATU				own, or county) (State)  ADDRESS
TIC	Burial ATE RECEIVED BY DOCAL REGISTRAR	Sept 27	SIGNATU				own, 6r county) (State)  ADDRESS

52	8870

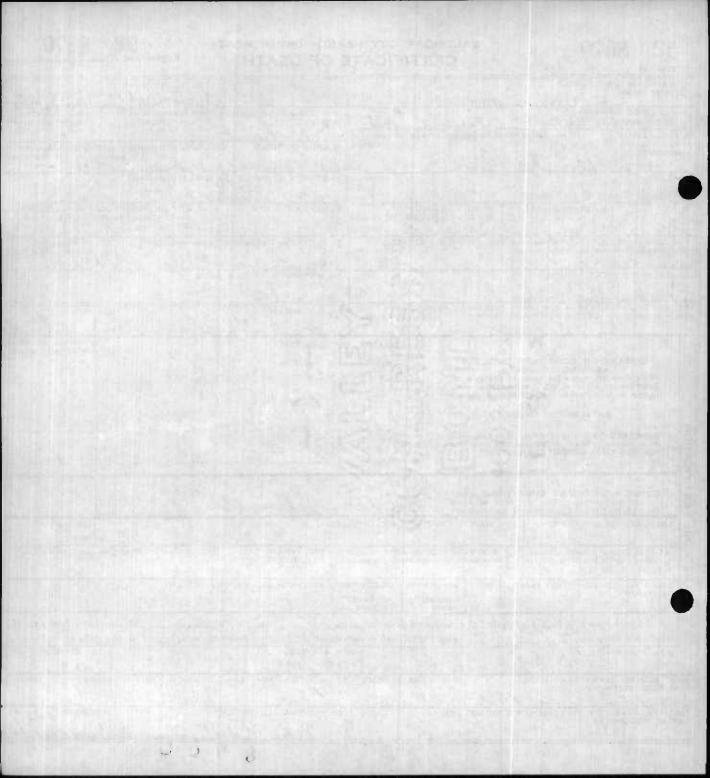
52	8370	
Paristared No	0	

	52 8870	BALTIMORE CITY HE		Registered No.	8370
E	IRTH NO.	CERTIFICATE	- OF DEATH	Registered No.	
	NAME OF DECEASED Type or Print) Edisten Rol	binson		2. DATE OF DEATH	lee. 23 1952
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or i	institution, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased live. If inst	titution : residence before admission)
H	OSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (II	outside corporate limits, w	rite RURAL and give
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS TH	rural, give location)	
5	. SEX   6. COLOR OR RACE   7. S	VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	s Days Hours Min.
1 wo	DA. USUAL OCCUPATION (Give kind of k dene during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)   12	CITIZEN OF
1	Jack Rolinson		14. MOTHER'S MAIDEN N	AME	23777
(Y	(If yes, give war or dates of ser	CES?   16. SOCIAL vice)   SECURITY NO.	17. INFORMANT  Mrs. Parlie	Robinson 14	n. Stricher St
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A) Chro	of DEATH	sitis	INTERVAL BETWEEN ONSET AND DEATH
7	ANTECEDENT CAUSES				
ICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
CERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED / TO M	iosclarosis		
AL	19a. DATE OF OPERATION   198. M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY7
MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., e	or 21c. WHERE DID (: INJURY OCCUR?	If in Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	

WHILE AT NOT WHILE m. , 1952, to Sept, 23 22. I hereby certify that I attended the deceased from 2.2. 1952, that I last saw the deceased alive on lug. 30. 1950 and that death occurred at 5:30 a.m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED

248. DATE BURIAL, CREMA-REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

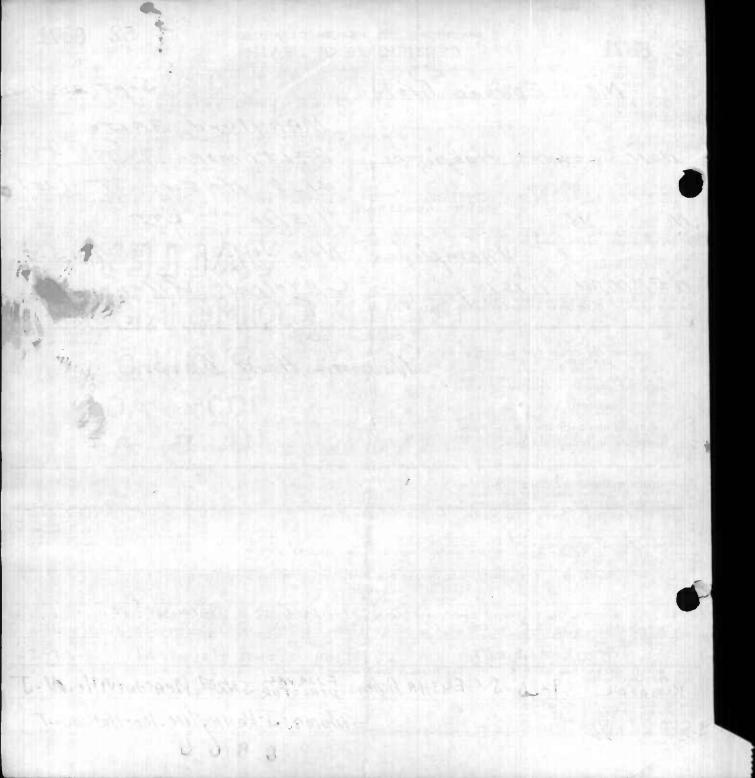
DATE RECEIVED BY LOCAL REGISTRAR VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

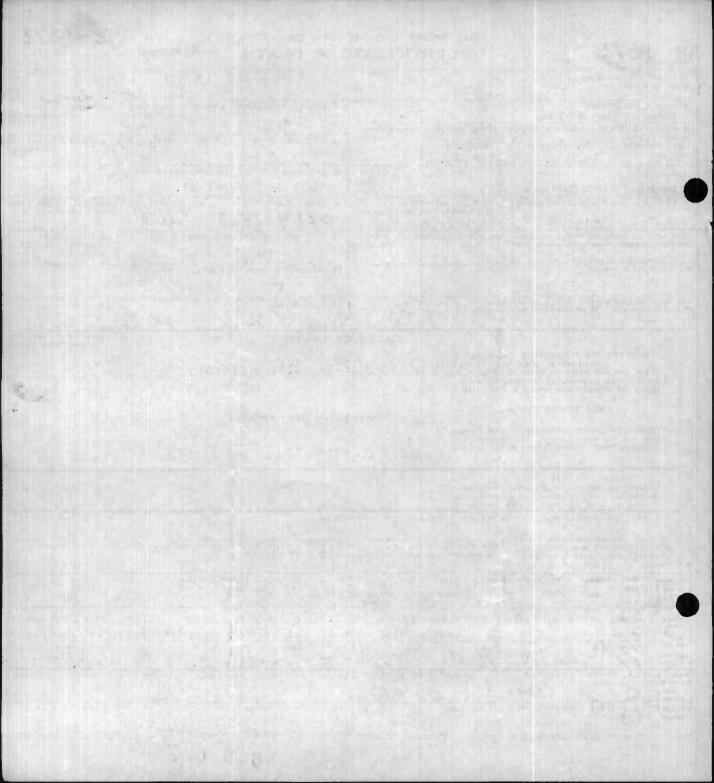
52 8871
Registered No.

	NAME OF I	MIR T E	2 - 4	Risley		2. DATE OF Se	7 25. 160
	PLACE OF I	DEATH:	WARD	1113129	4. USUAL RESIDENCE (	Where deceased lived, If	institution: residence before admission)
	FULL NAME	City, Maryland OF (If not in hospit	al or institution	n, give street address or	1110 - 1		To.
H	OSPITAL OR			location)			s write RURAL and give
		Secours	Has	DITAL	BALTIM	ore. 2	(ownship)
	4		/	Yrs.		rural, give location)	
	Length of	stay in Baltimore		Mos. Days	4138 H	AGUE -	ST (25)
5	. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. D. DIVORCE (Specify)	8. DATE OF BIRTH	9. AGE (In years last bigthday) Me	t Under I Year   If Under 24 Hours on the Days   Hours Min.
1	M	I W			1/15/10	42	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
WOI	DA. USUAL OC k done during most	CCUPATION (Give kind of t of working life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
_		7	Unen	ployed	New Jers	24	U. S. "
1:	3. FATHER'S	NAME	. ,		14. MOTHER'S MAIDEN N	IAME	198
1	TERI	MAN /	15/04		CAYOline	aller	· ·
(Y	5. WAS DECEAS o, no or unknown	SED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
6						C.	
	18. 4/6	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA		RI	. 1/	Disease	The state of the
		s not mean the mode ure, asthenia, etc. It mes	of dying, e.g.,	(A)/./hC.4.72	ATIC MEANT	UISEASE	
		complication which		DUE TO			
		ANTECEDENT CAU	SES				
Z		S OR CONDITIONS,				***************************************	
II É	RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO			
10				(C)		***************************************	
1	211	II =					
H K	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATED				
U		DISEASE OR CONDITION		THOUSE OF OPE	ATION		20. AUTOPSY?
AL	ISA. DATE	OF OPERATION	ISB. MAJOR I	INDINGS OF OPER	KATION		YES NO
	21A. ACCII	DENT WAS UNDER-	218. PLAC	E OF INJURY (e. g.,		If in Baltimore City,	
ED	CAUSE OF	R CONTRIBUTING	about home, far	m, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D, TIME	(Month) (Day) (Year	) (Hour)   2	IE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			NOT WHILE			
	1 22 I here	hu certifu that I at			fember 61952, to s	Soptember 195	2 that I last sam the
	deceased of	live on Sep. 25	19 52 00	nd that death occu	rred at 6.30 pm., from	the causes and on t	he date stated above.
	23A. SIGN	TURE	A-		238. ADDRESS		23c. DATE SIGNED
	TUEL	Daiselle	Y	м. р.	Don J 60 on 12	tospital	9-25-56
2 TI	4A. BURIAL. ON REMOVAL (	CREMA- 24B. DATE Specify)	1 2	C. NAME OF CEMETE	FUNCIAL CAM	OCATION (City, town	, or county) (State)
1	Remove	7-16	171 E	45HA HOAM	3-DIRECTOR JIVA	U== YLEASAN	ville. W.J
L	ATE RÉCEIVI	TRAR REGISTRAR	'S SIGNATUR	E	25. FUNERAL DIRECTOR	. de 11	ADDRESS
	SEP-26	1952 Tunti	naton /	Miaur H.	MOMAS J'KEN	NY/NC. 1000	HOLLINSUI
1	VS 150		0		0 0 0	6 6	
11				2007		() (	



### BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.	Fred		CERTIFICATI	E OF DEATH	Registered	140
1.	NAME OF E	ECEASED				2. DATE	
T)	ype or Print)	Blanch	Wright			OF DEATH SED	T 25 1950
	PLACE OF D				4. USUAL RESIDENCE	(Where deceased lived. I	f institution : residence
		City, Maryland	-1 ' 4'4		A. STATE	B. COUNTY	before admission
H	FULL NAME OSPITAL OR			ion, give street address or location)	c. CITY OR TOWN	(If outside course to limi	to - Dunar
IN	ISTITUTION	St. Joseph			20 4 A	(11 outside corporate IIII)	ts, The RURAL and give township
-		1400 N. Car	coline :		Ballo	1-6	
				Yrs. Mos.		If rural, give location)	
		tay in Baltimore	1	Days	1009 E. Feder		
3.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	onths: Days   Hours: Min.
	emale	White	Me	arried	0 07.9-190	8 43	
10	A. USUAL OC	CUPATION (Give kind of of working) ife, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	4/			INDUSTRY	mal		WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
15	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCEC	Lic cocia:			
(Ye	s, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS fue
	_	-		_	Jesse L. more	can 1343 kl	aner Hera her
	1B. 33	1%.		CAUSE	OF DEATH	1	ONSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	not mean the mode of	TH f dving e o	Cardi	o-Vascular Accid	ient	
	heart failu	ire, asthenia, etc. It mea	ns the diseas	e,	K. 1		
	injury or	complication which e	aused death	.) DUE TO			S CALL LAN
	1 - 4 - 4 - 4 - 4	ANTECEDENT CAUS	ES				
Z	DISEASE	S OR CONDITIONS, II	E ANY CIVIN		bral Hemorrhage		
님	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
X	UNDERLY	TING CONDITION LA	ST.	(c) Hyp	ertension		
CERTIFICATION							
Ē	OTHER S	II SIGNIFICANT CONDI	TIONS				
H	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U		ISEASE OR CONDITION			ATION		
기	ISA. DATE C	OF OPERATION   1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL			1 21n DIA	CE OF INDIBY ( !-	216 WHERE DID	(III in Dalkin of Ola	YES NO
ō	LYING O	R CONTRIBUTING	about home, f	CE OF INJURY (e.g., in arm, factory, street, office bldg., e	te.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
ME	CAUSE OF	DEATH				the second	
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
	Or into Oit i		m.	WHILE AT NOT WHILE			
	22 I banch				+ 25 10 52	10	., .,
	The second second	District Control of the Control of t			t. 25. , 19 52 to		_, that I last saw the
	deceased a		, 19		red at 10:10 mPM rom	the causes and on t	
	23A. SIGNA	. (/0	70:		3B. ADDRESS	~1	23c. DATE SIGNED
2	A. BURTAL	REMA-1 24B. DATE	1/0	M. D.	1400 M. Caroline		Sept. 25,105
TIC	ON, REMOVAL (S	Specify) 24B. DATE	1	AE, NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
	Buriail	7/29	152	It mary	. 74	amjedens	
	ATE RECEIVE		SSIGNATU		25. FUNERAL DIRECTOR	2	ADDRESS
1	SED-SE-	105 / Juning	con 110	Macus A. Jo	P. 18 06	ASL 3615-12	Electrick de
	VS 150	245° - ¢					
	40 100				- An	A Prof	



12	40
52 BIRTH	8873
1. NAM	TE OF DEC

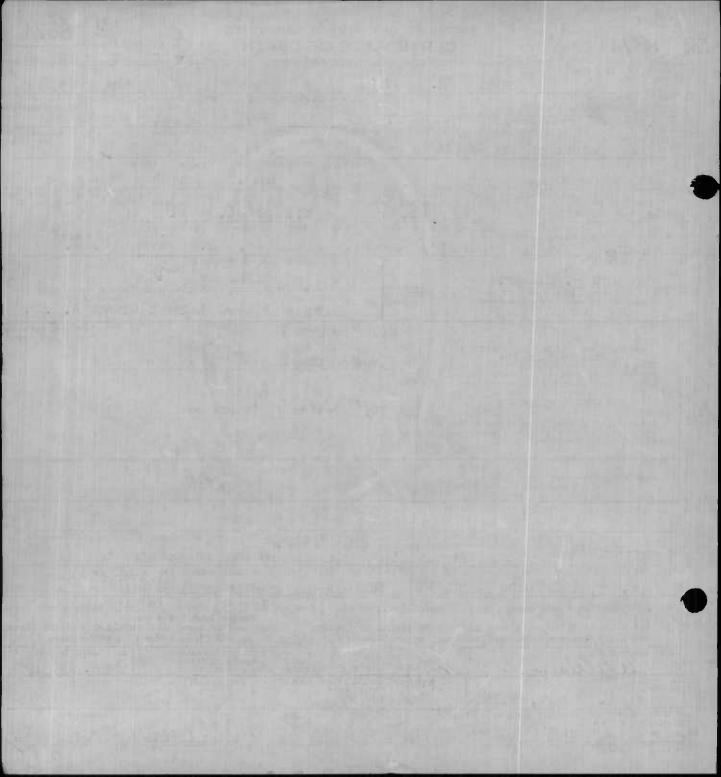
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No EASED 2. DATE OF 24.1952 DEATH OF 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RVRAL and give C. CITY OR TOWN INSTITUTION township! Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore unorl Davs 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years If Under I Year last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of JOB. KIND OF BUSINESS OR 11. BLRTHPLACE (State or foreign country) 12. CITIZEN OF work door during most of working life, even if stired) .INDUSTRY WHAT COUNTRY hugh 13. FATHER'S NAME retured MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Ocequal! 2 H . 1912, that I last saw the . 1952 to Neg deccased alive on Alla 1952, and that death occurred at P. 308 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED asult M. D 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS REGISTRAB

Received Releneration 511 tec.

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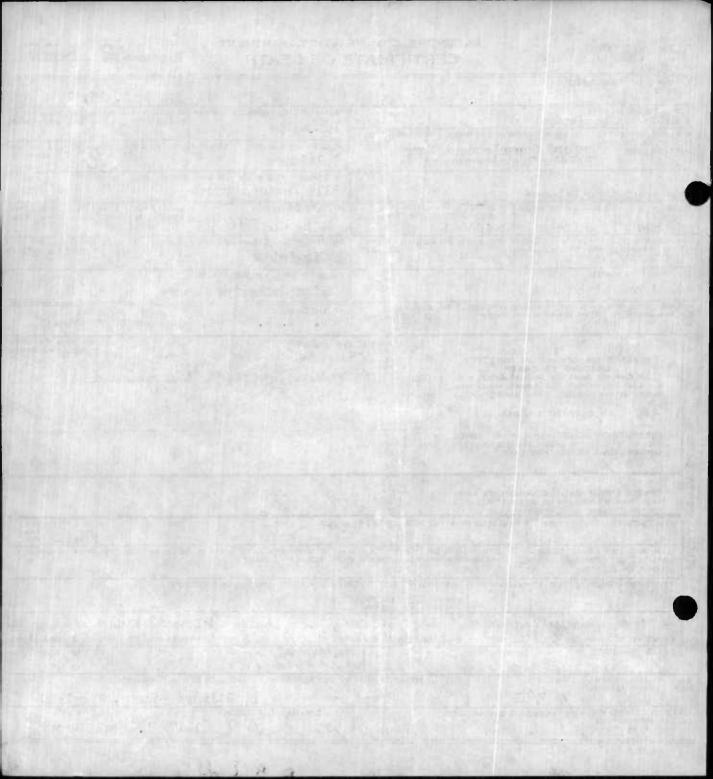
My 23, 52, Stance 3300 11, 24 57



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered NO 8875

BIRTH NO.			CTLL I		
1. NAME OF DECEASED (Type or Print) Orpah I. Hann	9		2. DATE OF Sep	t. 25. 7	952
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION Harford Convalescent H. 4700 Harford Avenue	e street address or	4. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If Baltimore		. If institution before	ore admission)
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a 3113 Eastern Ave			
female white widowed		8. DATE OF BIRTH March 28, 1866	9. AGE (In years last birthday)	If Under 1 Year Months Days	M Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of tops of work done during most of working life, even if retired) housewife own Home	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for Virginia	reign country)	12. CITIZ WHA	EN OF
Madison Maith		14. MOTHER'S MAIDEN NA Eliza Catherine	_		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) S	OCIAL ECURITY NO.	17. INFORMANT Rev. Wm. I. Hanns	a, 3113 Eas	ADDRESS stern Ave	enue
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B)	West	Jet Den to live	Prograf	
19A. DATE OF OPERATION 0 19B. MAJOR FINDS	INJURY (e.g., is	or   21c. WHERE DID (I	f in Baltimore City	YES	AUTOPSY? No location)
of INJURY  m. WHILE AT WORK  22. I hereby certify that I attended the decease deceased alive on Left 24, 1952, and the	JURY OCCURRING NOT WHILE AT WORK Seed from Account death occur	ED 21F. HOW DID INJURY  24 30, 1957, to Strid at / Am., from the	OCCUR?	2, that I l n the date st	ast saw the
burial 9/27/52 Forr	M. D. 1		Carion (City, to	wn, or county)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR SEP 26 1950 Huntington Williams 150	(142-, M.Z.)	25. FUNERAL DIRECTOR Wm. Book, Inc.	1217 St.	Address Paul Str	

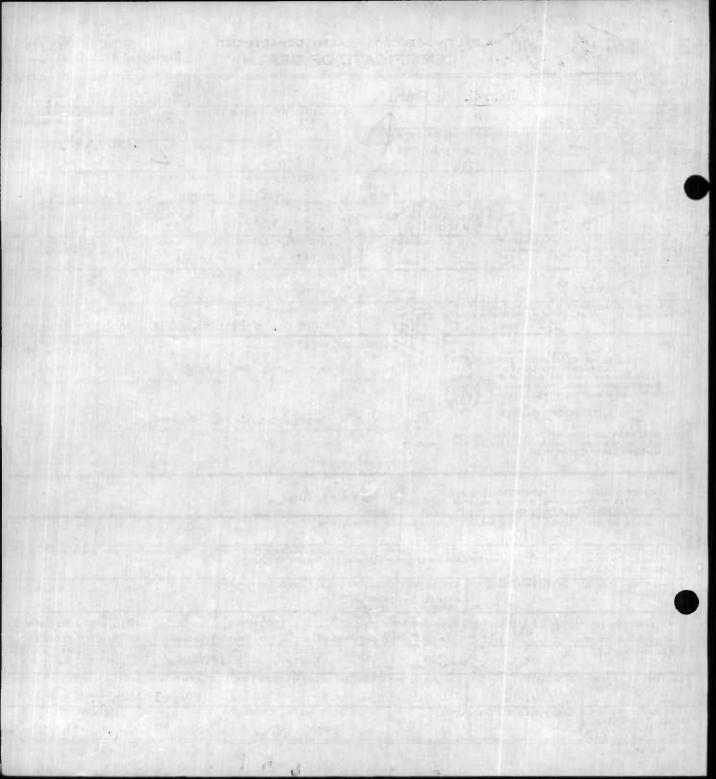


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8876 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	John H.	Philburn		2. DATE OF DEATH Sept	tember 25. 1952
a. Baltimore City, Maryland B. FULL NAME OF (If not in hos) HOSPITAL OR INSTITUTION 3716 Brown		tion, give street address or location)			f institution; residence before admission)
7710 Bio	SETTATE STA	CILC	Baltimore	20	township)
Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 3716 Brooklyn A		SYLVETU.
5. SEX 6. COLOR OR RAC	E 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
male white divorced (Spec			Feb. 22, 1867	85	fonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind work done during most of working life, even if retire Ret. Ship Sealer	of 10B. KINE	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for Partimore, Mary		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
unknown			unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT ADDRESS George A. Philburn, 3716 Brooklyn Avenue		
DISEASE OR CONDITION LEADING TO DE LEADING T	ATH of dying, e. 1 eans the diseas caused death JSES  IF ANY, GIVIN )) STATING TH	(B)	coronez dix		-10 days
OTHER SIGNIFICANT CON TRIBUTING TO THE OEATH, BU TO THE OISEASE OR CONDITION	T NOT RELATE	ED P	Sichon'		
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	yes No give exact location)				
210. TIME (Month) (Day) (Yes	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   AT WORK   AT WORK   AT WORK   NOT WHILE   AT WORK   NOT WHILE   NOT WHIL				
22. I hereby certify that I a deceased alive on	ttended the	and that death occur	rred at 3 A m., from t	he causes and on	that I last saw the the date stated above.
23A. SIGNATURE Ruger	a ch	wife M.O.	3914 S 6	tenor.	23c. DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify) burial 9/27/	52	24c. NAME OF CEMETE Glen Haven Cen	metery Anne	OCATION (City, town	inty, Maryland
DATE RECEIVED BY REGISTRA LOCAL REGISTRAR SEP 26 1951	R'S SIGNATI	THE	Wm. Cook	hc. 1217 S	t. Paul Street



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BII	RTH NO.						
1. (T)	NAME OF E	ROLAND	Wu	1).		2. DATE OF PARTH 9-	25-51
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				ion give street address or	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)		
HOSPITAL OR INSTITUTION FRANKLIN SQUARE HAS P				location)			
		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	7
5.	SEX	6. COLOR OR RAC	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If U last birthday) Mont	nder I Year H Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dame during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY			10 -20 - 1903 11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
		ED EVER IN IL S ARA	ED FORCES?	LIE SOCIAL	S. COMPTON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT ADDRESS 1+Os/. CH+RT				
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED CARCING. TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERA			MA SIGNOID	(chon	20. AUTOPSY?	
EDICAL	2 IA. ACCIE	ENT WAS UNDER R CONTRIBUTING DEATH	T WAS UNDER. 218. PLACE OF INJURY (e. g., in or ONTRIBUTING about home, form, factory, street, office bldg., etc.) INJURY OCCUR?				
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK							
	deceased a	live on 9-1-5	ttended the	deceased from 9 - and that death occur		he causes and on the	that I last saw the date stated above.
	23A. SIGNA	Bin	delay	M. D.		Hosp	9-W-J-L
TIOI	N. REMOVAL	Specify) 9. Y	4.52	0)	HAVEN		PURNIE
LOC	FP 26	RABO H-1	n's SIGNATU	Alliana M.D	25. RUNERAL DIPECTOR	Cary!	ADDRESS
	VS 150	- hr		56 424	J30 €. 70	JAW.	

2nd operation 9-12-52 ACUTE INTESTINAL OBSTRUCTION! ILEUm; MECHANICAL

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0	007/9
BIRT	8010

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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8878

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registereu	110,
	NAME OF D	FCFASED				2. DATE	
(T	ype or Print)		ADV	L. FUNK		OF a -	PT 311 1500
2	PLACE OF D		4M	L. IUNI	A HEHAL PERIDENCE	E (Where deceased lived, I	finstitution: wouldened
		City, Maryland		THE RESIDENCE	A. STATE	B. COUNTY	before admission)
В.	FULL NAME		al or institut	ion, give street address or	MARY	LAND.	1 41
	STITUTION			location)	c. CITY OR TOWN	(If outside corporate line	is, write RERAL and give
	STATETION	2814 PUL	ACKI	HIGHWAY	BALT	TIMORE	O / U wnship)
		0.07,700	15.11	Yrs.		(If rural, give location)	
8	Tamadh af a	Annin Dalkinson		75 YRS Mos.	20111 011	LASKI HIG	HWAY
	SEX	tay in Baltimore 6. COLOR OR RACE	7 CINCLE	Days Days	8. DATE OF BIRTH	I O ACE (In wooms	If Under 1 Veer   If Under 24 House
5.	SEA	O. COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	O. DATE OF BIRTH	last birthday)	In the Days Hours Min.
F	FMALE	WHITE	WIL	SOWED	SEPT 15 187		
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
WOL	. /	of working life, even if retired)		THOME.	WASHINGT	an DC	WHAT COUNTRY?
13	. FATHER'S			I AUPIE.	14. MOTHER'S MAIDE		0,0,7
							A
			ORIN		ELIZAB	ETH BRY	ANT.
15 (Ye	. WAS DECEAS:	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	2814 70	LEDIASSICI HGY
`	1/6	-	Marie Const	NONE	FLIZABETH L	-, BITZELBEA	OGER.
	18. 33	1 🗸			OF DEATH		INTERVAL BETWEEN
	201	1		CAUSE	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Cerebyl Hermohage					2 Muo.	
	(This does	not mean the mode of	f dying, e. g	(A)	and the berry	and rage	
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
		ANTECEDENT CAUS					)
~		ANTECEDENT CAUS	PES	are	enoreleroris	- Uneraliza	1
ATION		S OR CONDITIONS, I		16			7
Ē	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	IE DUE TO			
UA				(C)			
Ē							
ERT	OTHER S	II SIGNIFICANT CONDI	TIONS COM				
日	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D D			
O		ISEASE OR CONDITION			AZIONI		20. AUTOPSY?
4	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATTON		
EDICAL			1 - 1 - 5		Loss WHERE DID	(If in Baltimore City,	YES NO L
ā	LYING O	R CONTRIBUTING	about home,	ACE OF INJURY (e. g., is farm, factory, street, office bldg., c	or 21c. WHERE DID	(II In Dalumore Oity,	give exact location)
1E	CAUSE OF						
-	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	0	alan	
	22. I hereb	y certify that I at	tended the	deceased from	, 195 ; to	185	that I last saw the
	deceased a	lipe on 1/24	_, 1952	and that death occur	rred at 6 P. m., fro	om the causes and on	the date stated above.
	23A. SIGNA	MORE SIO		2	38. ADDRESS	d al	23c DATE SIGNED
	4	At In	er	м. D.	1621 6 16	anney 17	7/26/52
2	AA. BURIAL.	CREMA- 248. DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY   24	4D. LOCATION (City, tow	n, or county) (State)
TIC	ON, REMOVAL (S	A	2 IGPS	BA. TIMED	E CEMETERU A	hatil Aus 4 / A	YST MO.
-	SUR/A		/ /75 2		25. FUNERAL DIRECT	TOR	ADDRESS
L	CAL REGIST	RAR		3 .	0:11.0 Q.		
	1 0 767	Un'l of the	7.	1/3/1/	P. A. J. A. A. J. Holy	A IVAM = 1	SMRADA ST

Combine ( Secondary C figh areast commenced in July 32 9/24 32 

Registered No. 8879 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF awryncz DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or no B. FULL NAME OF location) (If outside corporate limits, write BURAL, and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 605 Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) NOV- 30-1900 Undan 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Blankie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BEAUTY 4 Brush irran da 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nuknown) SECURITY NO INTERVAL BETWEEN 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) arleno selevoli cardio vasco DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 6 | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location) ebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from askel . 1942. to\_ . 19 1 that I last saw the 4/22, 19 Sand that death occurred at\_ Am., from the causes and on the date stated above. deceased alive on\_ 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED mar M. D. 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

2408F. 0887

25. FUNERAL DIRECTOR

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH! 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CLTY OR TOWN INSTITUTION D. STREET ADDRESS, Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. ACE in years II Under I Year last birthday) Months Days Hours Min. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dangduring mont of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, an or unknown) (If yes, give wer or dates of service) SECURITY NO. INTERVAL BETWEEN 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY BERCULOSIS LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, 40N6S injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 1952, to SEPT 25, 1952 that I last saw the 22. I hereby certify that I attended the deceased from MAY 2/ Pm., from the causes and on the date stated above. PT19, 1952, and that death occurred at21 deceased alive on 23A-SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) quein

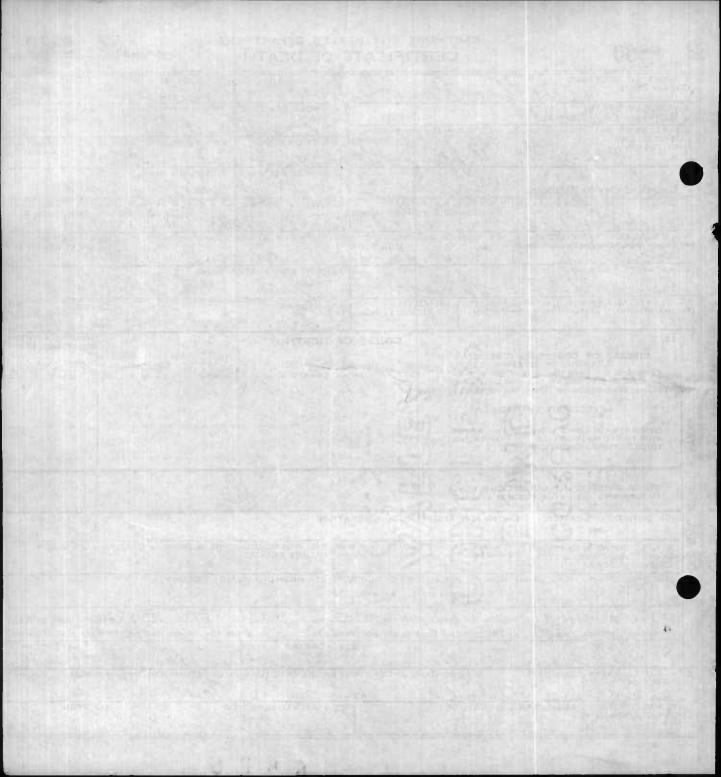
25. FUNERAL DIRECTOR

ADDRESS

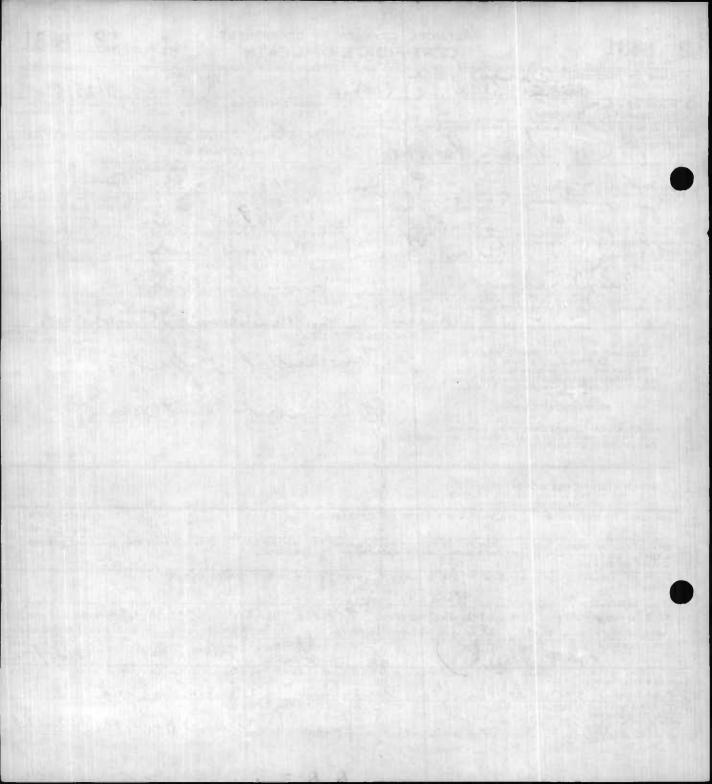
VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



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2	888 RTH NO.	1.	BA	CERTIFICA			Registered	52 8881
1.	NAME OF Dripe or Print)	ECEASED AU	san	Vaie Co	mes		2. DATE OF DEATH	9/25/52
	Baltimore	EATH: City, Maryland			A. STATE	RESIDENCE (	Where deceased lived. B. COUNTY	If institution: residence before admission)
HC	FULL NAME SPITAL OR	OF (If not in hosp	ital or institu	ution, give street address location		R TOWN ()	If outside corporate lin	nits, write RURAL and give
IN	STITUTION	Su	eni	Your tel		BALTIA		townshlp
	ength of s	tay in Baltimore		8/ Mo	?    .	11 - 3 1	f rural, give location)	Ave
	F	6. COLOR OR RACI	WIDO	LE. MARRIED, WED, DIVORCED (Spec	8. DATE 0	3/69	9. AGE (In years last birthday)	Months Days Hours Min.
10	done during most	CUPATION (Give kind of working life even if retire	10B. KIN	D OF BUSINESS OR INDUST		PLACE (State or	Country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	my Chen	out	L	14 MOTH	ER'S MAIDEN!	valle and	
15 (Yes	, no or unknown	ED EVER IN U. S. ARM	ED FORCES? tee of service)	16. SOCIAL SECURITY NO	17. INFOR	MOT C	1121 P	ADDRESS
	18. 42	0.0		CAUSI	OF DEAT	H	us, 713 ( pc	INTERVAL BETWEEN
	(This doe	SE OR CONDITION LEADING TO DE s not mean the mode are, asthenia, etc. It mo	ATH of dying, e	. g., (A)	yotan	diel	Infant	21
		complication which	caused dea					
Z	DISTACT	ANTECEDENT CAL		(B) A	rendso	lasti	heart Drs 4	bee
ATIO	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	) STATING		***************************************	***************************************		
RTIFIC								
CERT	TRIBUTIN	II SIGNIFICANT CONI S TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELA	TED				
1	19A. DATE	OF OPERATION	19B. MAJO	R FINDINGS OF OF	ERATION			20. AUTOPSY?
EDICAL	LYING O	DENT WAS UNDER-		LACE OF INJURY (e. le, farm, factory, street, office blo	g., etc.) 21C. W	HERE DID Y OCCUR?	(If In Baltimore City	, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCU		OW DID INJUR	RY OCCUR?	
	00.71		m.	WORK AT WOR		, 19 <b>52</b> to	9/25 10	52, that I last saw th
	deceased a	live on 9/23		e aeeeasea jrom and that death oe				the date stated above
	23A. SIGNA	TURE LINE	Milk	M. D.	23B. ADDRE	an 2	bospital	9/25/52
TIC	A. BURIAL,	CREMA- 24B. DATE	18 1852	Hein Wet	L. Gun	TATORY 240.	kvelle	vn, or county) (State)
	TE RECEIVE		S SIGNA	TURE	25. FUNER	L. F.	Mary Home 7	ADDRESS VAI Belowdd.
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l		THE WAY	1 5	2000				
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### BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SLYVESTER T. JOHNSON DEATH Sept. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR 2514 McCulloh Street C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 20 vrs. c. Length of stay in Baltimore 251/ McCulloh Street 8. DATE OF BIRTH 9. AGE (In year Days 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years li Under I Yeer last birthday) Months Days Hours Min. 6. COLOR OR RACE Colored Married 1886 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Porter Lutherville, Md. Bank 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Johnson Lucy ????? 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. Mrs. Julia J. Johnson No. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebal Hemorrhage davs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES A.H.C.V.D CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY None EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE [ 22. I hereby certify that I attended the deceased from Sept. 22 deceased alive on Sept. 24, 1952, and that death occurred at 1952 to Sept. 24 19 52 that I last saw the -, and that death occurred at 5:30 M., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 844 N. Carey St. Balt. Md. 24A. BURIAL, OREMA-TION REMOVAL Specify) 24c. NAME OF CEMETERY OR CREMATORY Sept. 27, 1952 Arbutus Memorial Pk. Baltimore Co. Md. Hurial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Sept. 24, 1952 Joshua/Swann 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporațe limits, write RURAL and give INSTITUTION township) Baltimore Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos 223 W. Biddle Street 20 yrs. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year In Under 24 Hours last birthday) Months: Days Hours Min. Separated Colored Oct. 24, 1895 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF 108. KIND OF BUSINESS OR work doneduring most of working life, even if retired) INDUSTRY U.S.A. Railroad Baltimore Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Swann Rachael Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknowh) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. -07-8650 Swann-/k516 W. Lanvale Mrs.Millie INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT . 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ 9 24, 19 52 and that death occurred at 1.23 Am., from the causes and on the date stated above. deceased alive on\_ 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Hereford Burial Maryland

25. FUNERAL DIRECTOR

olland Funeral Home-1631 Druid Hill

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Avenue

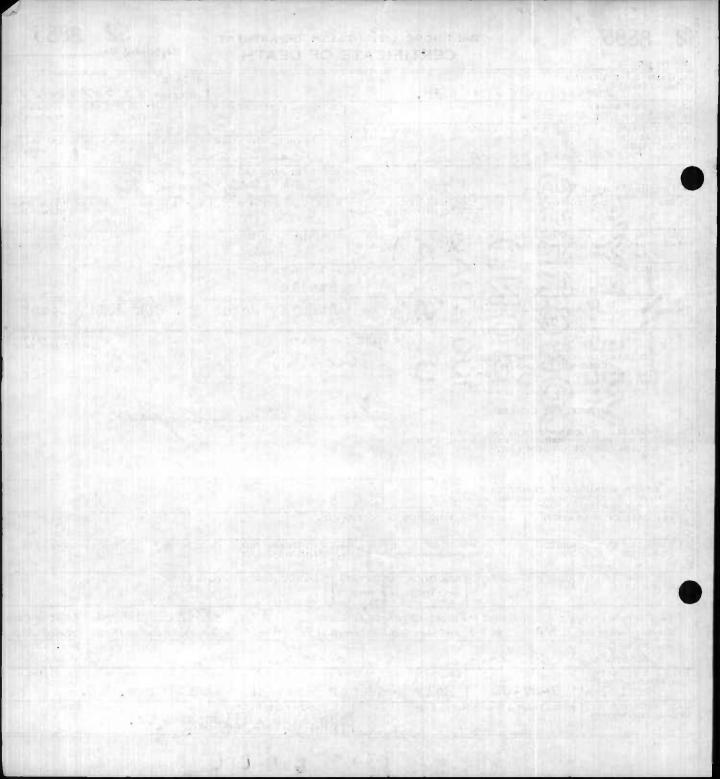
ADDRESS

1220
BIRTH NO.
1 NAME OF DECK

important. Physicians: please write the causes of death clearly and legibly.

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04	800	3	BA	CERTIFICAT		Λ	No
	IRTH NO.			CERTIFICATI	E OF DEAT	n / \	
	NAME OF E		oGus	Jr.		2. DATE OF DEATH 23	SEPT. 1952
	PLACE OF D	City, Maryland			4. USUAL RESID	ENCE (Where deceased lived.) B. COUNTY	
B. H	FULL NAME OSPITAL OR			tion, give street address or location)	ma	1201	its, write RURAL and give township)
0	Length of s	stay in Baltimore	7	Yrs. Mos. Days		ESS (If rural, give location)	f.
5.	SEX	6. COLOR DR RACE		E MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Il Under 1 Year fonths: Days Hours Min.
1C wor	k done during most	CCUPATION (Give kind of working life, even if retired	10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	S. FATHER'S	tanley Bog	در ور	Coresta	14. MOTHER'S MA	NIDEN NAME	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat NONE	D FORCES?	16. SOCIAL . SECURITY NO. NONE		Bogus Sr. 252 1	Brig Beach
	18. 59	2 X		CAUSE	OF DEATH		INTERVAL BETWEEN
NO	(This doe heart failt injury or	SE OR CONDITION LEADING TO DE, s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAL	ATH of dying, e. cans the diseac caused deat	g, (A)se, (A)se, (A)se, (B)se, (B)	remia mi Els	merulongki	ONSET AND DEATH
RTIFICATION	UNDERL	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	) STATING T .AST,	(C)			
CER	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE DR CONDITID	NOT RELAT	ŁD .			
AL				FINDINGS OF OPER	NOITA	Street Land	20. AUTOPSY?
IEDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	2 IB. PL	ACE OF INJURY (e. g., is farm, factory, atreet, office bldg., e	or 21c. WHERE D		give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURRI		INJURY OCCUR?	
	22. I hereb	y certify that I at	tended the	deceased from 8/1	, 195	to 9/23 ,195	2, that I last saw the
12	deceased a	live on 9/23	, 7952	and that death occur	red at 7:45a m.	, from the causes and on	the date stated above.
	23A. BIGNA	rong f. (4)	Gearan	M.D.	3B. ADDRESS	Horp.	9/23/52
710	Burial, Son, REMOVAL (S	CREMA- /24B. DATE Specify) 9-27		HOLY Redeem	A.	Ball timore	
030	TE RECEIVE	BOR REGISTRAR	'S SIGNATE	Villians M.D	25. FUNERAL DIR John A. Gre	ebliauckas Jr.	ADDRESS
	VS 150		0	@35 m	1008	8 0	
			1 7	3 6	0	0 0	



5	8886 BIRTH NO. 52-2276   CERTIFICATE	V =
	1. NAME OF DECEASED (Type or Print) BABY BUY BROOKS	DEATH Sep. 25, 1962
ı	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	UNION MEMORIAL HOSPITAL	BALTIMORE township)
gribit	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
d legi	c. Length of stay in Baltimore 3 Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE/In years It Under 1 Year In Under 24 Hours
y and	WIDOWED, DIVORCED (Specify)	Sep. 23, 1952 last birthday) Months Days Hours Min.
early	10A. USUAL OCCUPATION (Give kind of retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?
5	NIL 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
death	MICHAEL LEE BROOKS	CAROLYN SHRIVER
10	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
causes	NO	FATHER 708 CLOUDY FLOD SR.
write the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	diae failure
	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, 15 ANY, GIVING	enital malformation
Physicians: please	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	me mean
Iciai	(C)	
hys	C OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
tant	21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bidg., etc.)	
important.	A HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE	
cially	m. WORK AT WORK	
especi	deceased alive on Sec. 35 1952 and that death occur	ep. 25, 1935, to Sep. 25, 1952, that I last saw the rred at 6 m., from the causes and on the date stated above.
	23A. SIGNATURE/	38. ADDRESS M 1/4 28C. PATE SIGNED
age is	M. O. 24A. QURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RYOR CREMATORY 24D. LOCATION (City, 10wn, or younty) (State)
- 11	May verx a 132 silver	hapel Chierle
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  Tuntinitar  Will	25. FUNERAL DIRECTOR ADDRESS
	VS 150	10088 Vikerville mide
"	1 9 5 2 0	0 /149

THE STRUTTING DAKESTAAT ATTRIBLE HOUSE BEAUTION WOMAEL LIE DROOMS - CHOCKE SHILLING

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52	8887

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8887

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED WRITE MOR Tha FRIT	sch   2. DATE SCAT 26 1952
3. PLACE OF DEATH: / A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location	
INSTITUTION 6/2 & 28th St	Politimore - O Township)
L. V. Yrs. Mos.	D. STREET ADDRESS (If rural, give lication)
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARKIED.	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year   II Under 24 Hours
WIDOWED, DIVORCED (Specify	
10A. USUAL OCCUPATION (Givekinde) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) own home	Balto ma U.S. a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	cemera Floor
(Yes, no or unknown) (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Thos Edward Fritsch Same
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ete Cornegan Occhusia 2 Sens
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Jan
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY	RED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	
	rred at 6.30Am., from the causes and on the date stated above.
	238 ADDRESS 4. 23d DATE SIGNED
23A. SIGNATURE Lloyd C. Laylor M.D.	3902 Greenseer an 238. DATE SIGNED
II. 18 1 62	3902 Greenmourtan Sex. 2752
24A. BURIAL, CREMA: 24B. DATE 240. NAME OF CEMETION, REMOVAL (Specify) Sept 30 1952 moreland me	3902 Greenatory 24d. LOCATION (City, town, or county) (State) emorial Rick Balto MA
24A. BURIAL, CREMA: 24B. DATE 24b. NAME OF CEMETI	3902 Greenmourlan Sex 2752
24A. BURIAL, CREMA: 24B. DATE 24W NAME OF CEMETION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	3902 Greenatory 24d. LOCATION (City, town, or county) (State) emorial Rick Balto MA

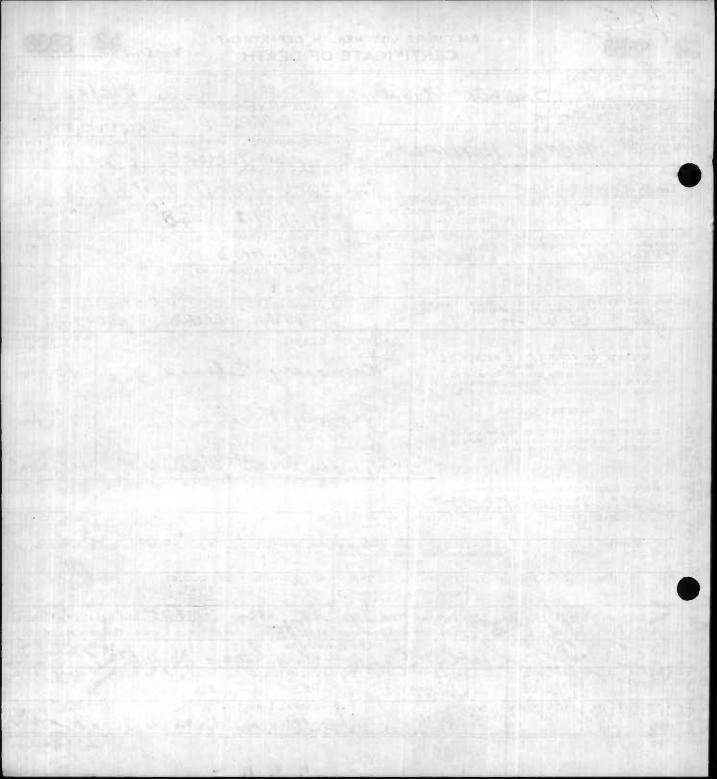
Dr. Lloyd E. Suplor 3902 Gremmount ave

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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8888

ВІ	RTH NO.			CERTIFICAT	E OF DEATH	- Registere	u 110
(T	NAME OF E 'ype or Print)	NR. 5	AMUEL	WEISMAN		2. DATE OF DEATH	1/25/52
	Baltimore	City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived	before admission)
H	FULL NAME			tion, give street address or location)	c. CITY OR TOWN		mits write RURAL and give
IN	STITUTION	LUTHERA	N HOSF	MAL		TIMORE	township)
				Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	A .
	Length of s	stay in Baltimor	е	Days Days		IBERTY ITGT	
	M	W	Warr		MM 17, 17	last hirthday)	Months Days Hours Min.
work	A. USUAL OC docedoring most	CCUPATION (Givek of working life, even if re	indef 10B. KINI	OF BUSINESS OR INDUSTRY	MARYLA	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME braham Wei	emen		14. MOTHER'S MA	DEN NAME	
1.50					Beulah ?		
(Ye	, og prokoowo)	(If yes, give war or	date of service)	16. SOCIAL SECURITY NO.	HOSPITAL	RECORDS -	LUTHERAN HOSP
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITI	ON DIRECTLY	-7	0	5%.	de
	heart fail	LEADING TO s not mean the moure, asthenia, etc. It	means the disea	se.	marary		75 mins,
	injury or	complication whi		h.) DUE TO	-		and a second
Z		ANTECEDENT C		(B) Cor	onary O	celesion	2/2 hrs.
TION	RISE TO	S OR CONDITION THE ABOVE CAUSE	(A) STATING T	NG HE DUE TO			
UNDERLYING CONDITION LAST.				P	Least Hear	t. Winge	11 NK Com
ERTIFIC	OTHER	II		(C)	January Press		approve to
CER	TRIBUTIN	SIGNIFICANT CO G TO THE DEATH, DISEASE OR CONDI	BUT NOT RELAT	ED			
	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCID	ENT, SUICIDE,	218. PL	ACE OF INJURY (e.g., 1	o or   21c. WHERE D	ID (If in Baltimore Cit.	y, give exact location)
ED	HOMICIDE	(Specify)		farm, factory, street, office bldg.,			,, 8
2	21D. TIME OF INJURY	(Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that 1	attended the	deceased from Sy	25, 1952	to Sept 25, 19	52, that I last saw the n the date stated above.
W,	deceased a	live on 141.1.	1 93 52	and that death occur	red at III 3 9 m.,	from the causes and or	the date stated above.  2 33C. DATE SIGNED
	P	saul le	. Del	Kerd M. D.	Luth	crass Hospita	1 9/25/52
710	N. REMOVIL	CREMA- 24B. DA' Specify) 9/28/		SHAME OF CEMETE	OR CREMATORY	Baltimore, Man	
	ATE RECEIVE	TPAP	AR'S SIGNATI	11.	29. FUNERAL DIRE	ECTOR A	ADDRESS H
2	FP 27 10	57	utington	Welliams M.	sol. sernes	n 1/2002-1121	4-26 W. Nouh
72	VS 150		0	ma 47-			arence
	Land Co.	REKE	1	01083	220	0 12	



52 8889 5 HIF	RENC	TIMORE CITY H	EALTH DEPARTMENT	Registered	2 88 No. 88	389
1. NAME OF DECEASED (Type or Print)	REN	RACH	EL .	2. DATE OF DEATH	6 Sept	1.52
3. PLACE OF DEATH:  A. Baltimore City, Maryland			A. STATE yland	(Where deceased lived, B. COUNTY		residence ore admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR LIMSTITUTION HASSIFAL	of Bo	en, give street address of location	*	If outside corpolated	nits, waite MU	RAL and give township)
Clength of stay in Baltimore	45	YRS. Mos. Days	J. STREET ADDRESS (3	, , , , , , , , , , , , , , , , , , , ,		
5. SEX 6. COLOR OR RACE Female While	7. SINGLE, WIDOWE	MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under I Year Months Days	Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	Own H		11. BIRTHPLACE (State or Russia	foreign country)	12. CITIZ	EN OF T COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN Unknown	NAME		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Helen Bard	- 3508 Falls	ADDRESS taff Ro	ad
beart failure, asthenia, etc. It mea injury or complication which complication which complication which complication which complications are complicated as the complex of	aused death.) ES FANY, GIVING STATING THE ST. TIONS CON-	(B)		1.2		
TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  1	RATION,	as in	20. Y	AUTOPSY7		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING		CE OF INJURY (e. g., rm,factory,street,office bldg		(If in Baltimore City	y, give exact	location)
OF INJURY (Month) (Day) (Year)	wı	1E. INJURY OCCUR!		RY OCCUR1		
deceased alive on 26 Sp.		nd that death occu	urred at 1912, to 235-ADDRESS			
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 9/28/52		4c. NAME OF CEMET Anshe Nesina		LOCUION (City, to ltimore, Mar		(State)
DATE RECEIVED BY REGISTRAR	s SIGNATUR	Villiacus M.	29 FUNERAL DIRECTOR		ADDRES / 124-2	6W.
VS 150	-0	No.		1	orth (	ène
	Attenues	9 5 2	0 7 9 8 8	8 4		

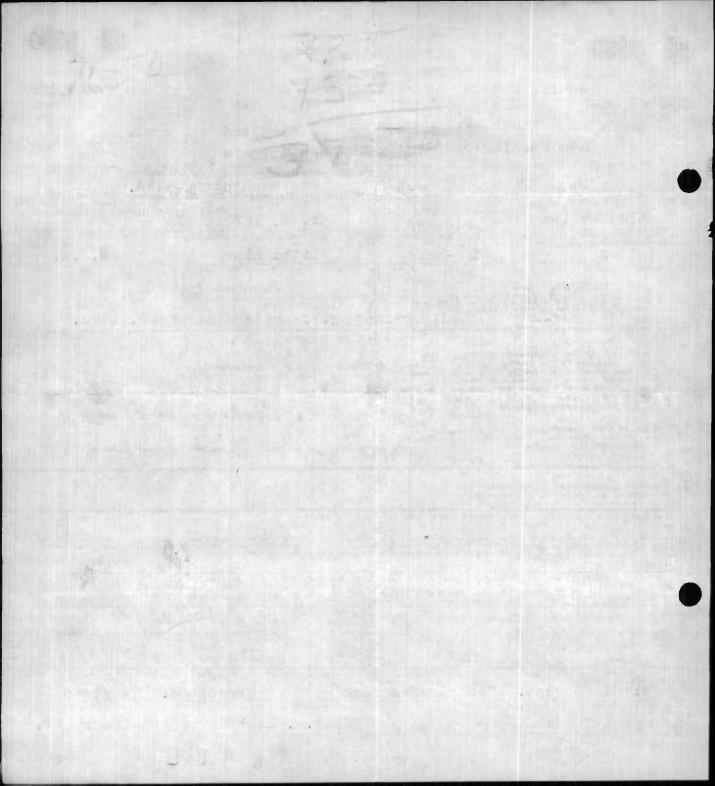
SHITOSING ORACHEL 265, 12 Sa inen pougetal of self in white li, dans Injernehal infaction

Horacle Bernton

9/14/25 8/26 52 1/16/22 Striai Hagfel Belle 9/11/22

# CERTIFICATE OF DEATH Registered No. 8890

BIF	TH NO.			OLIVINI 10/11/	L OI DEATH		
1. I (Ty	NAME OF D pe or Print)	George R	angle			2. DATE OF Se	pt. 23,1952
B. F HO:	PLACE OF D Baltimore ( FULL NAME SPITAL OR STITUTION	City, Maryland		ion, give street address or		B. COUNTY	If institution: residence before admission nits, write JURA, and give cownship
0	Length of s	tay in Baltimore		55 Yrs. Mos. Days	D. STREET ADDRESS (IF		
	male	6. COLOR OR RACE White	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Ldowed	8. DATE OF BIRTH Apr. 23, 1876	9. AGE (in years last birthday)	H Under   Year Months Days Hours Min.
WOTE	taile		IOB. KIND	of Business or INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
		nknown			14. MOTHER'S MAIDEN N UNKNOWN		
15. (Yos,	MAS DECEASI no or unknown) NO	D EVER IN U.S. ARMEE (If yes, give war or date es es	FORCES? of service)	16. SOCIAL SECURITY NO. 215-05-0232	17. INFORMANT R.V.Rangle	642 Wash.	Blvd.
RTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	GE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, (I) HE ABOVE CAUSE (A) VING CONDITION LA	'H f dying, e. 1 ns the diseas aused death ES ANY, GIVIN STATING TH	(B) Auturn (B) OUE TO Curgin	eny Miromb levotic Carrlis ia Pertonis - Con	Vaulus D	
CE	TO THE D	TO THE DEATH, BUT SEASE OR CONDITION   1	CAUSING 1		ATION		20. AUTOPSY?
	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year)	(Hour)	ACE OF INJURY (e. g., ir arm, fectory, street, office bldg., e	ED 21F. HOW DID INJUR		YES NO LE
		YRE V	ended the	deceased from and that death occur	w , 195/, to	he causes and on	the date stated above
TION	BURIAL CALL REMOVAL (S. BUrial RECEIVE CAL REGIST FP 2/1	Sept.  Sept.  Registran	27/52	Killiaus, My	K Fre 25. FUNERAL DIRECTOR Bhas.W. Kachau	ocation (City, tow	n, or offinty) (State)  ITY Land  ADDRESS
				1 9 5 2	0 0 0 8 8	0 5	

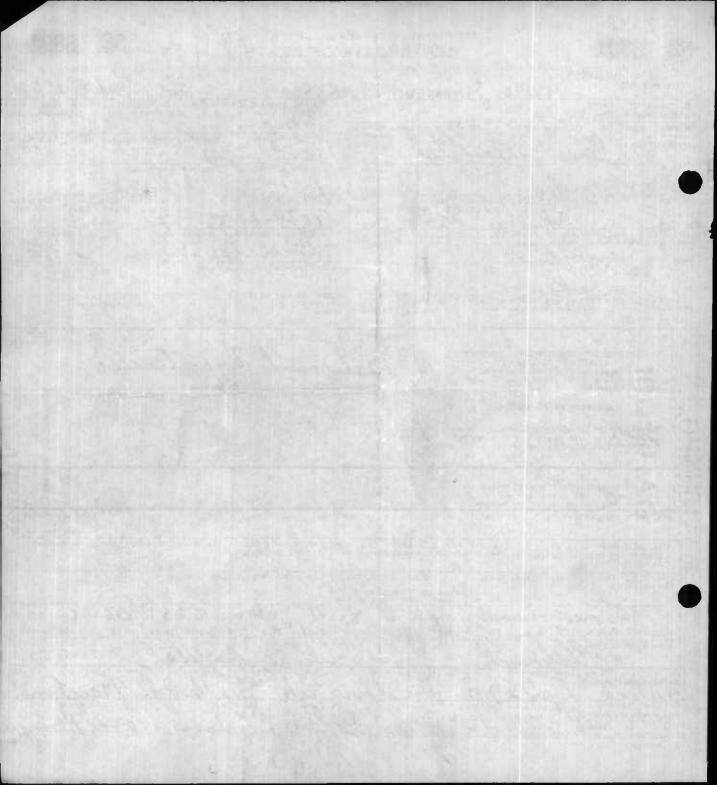


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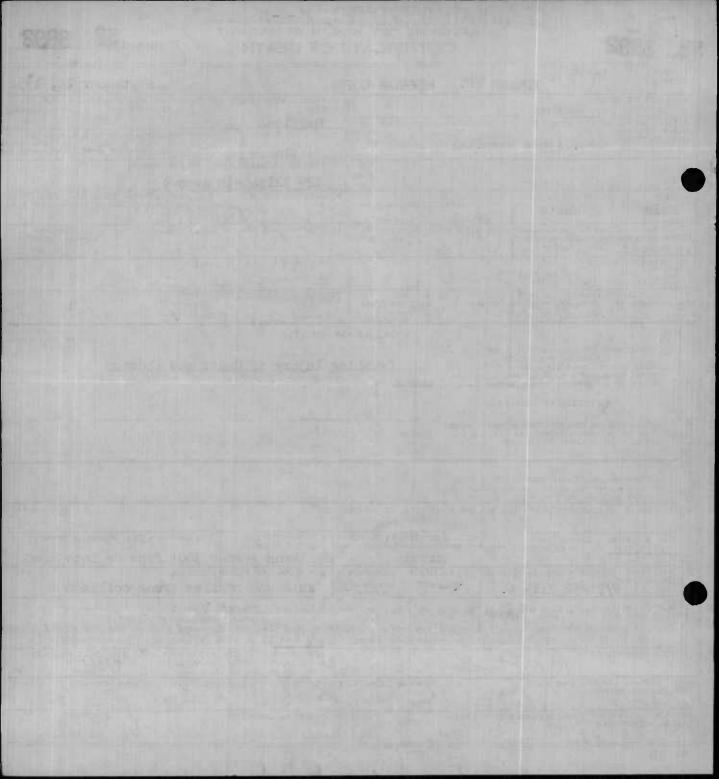
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 8891

BIRTH NO.	
1. NAME OF DECEASED ANNIE (SAMBAKEN) M	ARKS 2. DATE OF DEATH 9.25, 1952.
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	B. DATE OF BIRTH 9. AGE (In years If Under 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of vork door during most of working life, eyen if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Chicago, Ill.  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	lignant hypertensione
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FI	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	in or   21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT WORK AT WORK	
deceased alive on 9.25, 1952, and that death occu	7. 192, to 9.25, 1957 that I last saw the rred at 1 f. m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 7.25.53
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETE 24c. NAME OF CEM	The state of the s
VS 150	Drarles Wachanskes 103 M Berry



Registered 32 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH September 26, 1952 EDWARD WM. HUFFMAN HOFMAN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address on Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 129 Elizabeth Avenue Days 5. SEX 6. COLOR DR RACE B. DATE OF BIRTH 9. AGE (In Years | ff Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Male White 10A) USUAL OCCUPATION (Give kind of work done or line most of working life even if retired) 108 HIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS warpor dates of servi (Yes, no or unknown) (If yes, give SECURITY NO CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing Injury of Chest and Abdomen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-INJURY OCCUR? CAUSE OF DEATH Street Wilkens Avenue 300' from De Soto Road 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY auto and trailer truck collison 22. I certify that I took charge of the remains described above, held an partial autopsy Autopsy, Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER.... 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-Z4C. NAME CREMATORY | 24D. LOCATION (Qity, town, or county) (State) DATE RECEIVED BY ADDRESS DIRECTOR LOCAL REGISTRAR VS

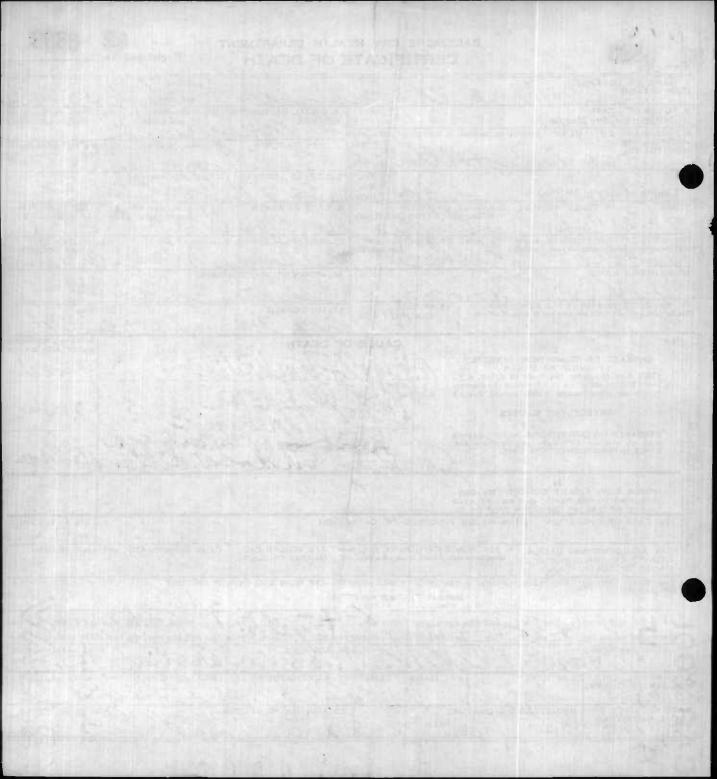


5	16
2	8893
BIRTH	NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8893 Registered No.

B	RIH NO.							
	ype or Print)	A. Au	mohres	2. DATE OF DEATHER	25.1952			
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		nstitution: residence before admission)			
H	FULL NAME DF (If not in hospital or institution, g	ive street address or location)	C. CITY OR TOWN	outside corporate limits	English and an in			
IN	ISTITUTION 26 M. Carrol	ten Che	Bultu	outside corporate limits	(cowyshin)			
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	- 0			
-	Length of stay in Baltimore  SEX   6.COLOR OR RACE, 7. SINGLE, MA	Days	3.2 6 /U.	9. AGE (In years)	Under 1 Year   If Under 24 Hours			
2	male WIDOWEDLE	DIVORCED (Specify)	Dec. 15/922		ths Days Hours Min.			
10	A. USUAL DCCUPATION (Givekind of 10B. KIND OF a dong arting most of working life, even lifetired)	BUSINESS DR	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN DF			
	saver color	INDUSTRY	Battemere	Co. md.	WHAT COUNTRY?			
13	FATHER'S NAME	1.	14. MOTHER'S MAIDEN N.	AME /	11			
15	WAS DECEASED EVER IN U. S. ARMED FORCEST / 16.	SDCIAL	Torrace	nev	VI			
(Ye	(If yes, give war or dates of service)	SECURITY NO.	MARIL & Pu	andre no	DRESS 5006			
	18. (000.0	CAUSE	OF DEATH	0 1	INTERVAL BETWEEN			
	DISEASE DR CONDITION DIRECTLY LEADING TO DEATH	Duol	1 The Soil		Quanto			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)		9	Truccia			
	injury or complication which caused death.)	Hick	blood pr	essure	Va rober			
Z	ANTECEDENT CAUSES	(B) QA	Ureku	C	12000			
TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	of the	Teaching a	o de			
CA		anding	· Entroc	ardilles.	10 cays			
RTIF	OTHER SIGNIFICANT CONDITIONS CON-	1						
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
7	19a. DATE OF DPERATION 19B. MAJOR FIN	DINGS OF DPER	ATION		20. AUTOPSY?			
CA	21A. ACCIDENT WAS UNDER-   21B. PLACE C	OF INJURY (e. g., in	or   21c, WHERE DID (I	f in Baltimore City, gi	ve exact location)			
MED	LYING OR CONTRIBUTING about home, farm, far CAUSE OF DEATH	ctory, street, office bidg., e	(c.) INJURY OCCUR?		Balala			
	OF INJURY	INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?				
	m. WHILE AT NOT WHILE AT WORK							
1	22. I hereby certify that I attended the deceased from 19 to 2, 15 that I last saw the deceased alive on 19 2 and that death occurred at 7 m. from the causes and on the date stated above.							
	23A. SIGNATURE PROPERTY		B ADDRESS 1	A OP.	23c. DATE SIGNED			
2	AA. BURIAK, CRÉMA- 248. DAYE 24c.	M. D.	BY OR CREMATORY I 240 I	DCATION (City, town, o	9-26-52 or county) (State)			
24A. BURIAY. CREMA- TION, REMOVAL (Specify)  Less 1, 9, 19, 19, 19, 19, 19, 19, 19, 19, 1								
DI	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR	Funeral	ADDRESS			
	SEP 21 1952 Huntington Wal	IAILIAN M.D.	1631 00	wish the	ill aren			
	VS 150	, 4						



21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bame, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

AT WORK

NOT WHILE 22. I hereby certify that I attended the deceased from 8-1-

19.52 and that death occurred at 9.45AM. from the causes and on the date stated above. deceased alive on 9-25-23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 9-27-52 DATE RECEIVED BY REGISTRIAR'S SIGNATURE

21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

OF INJURY

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

24c. NAME OF CEMETERY OR CREMATORY Oak Hill

Baltimore. Md. 25. FUNERAL DIRECTOR

ADDRESS

24D. LOCATION (City, town, or county)

19 52 that I last saw the

VS 150

Vullaus.

21E. INJURY OCCURRED

23B. ADDRESS

4940 EasternAve. Baltimore .Md.

A Frank Cvach & Son, 900 N. Chester Sr

LOCAL REGISTRAR

See Document File 52-8894
for query reply

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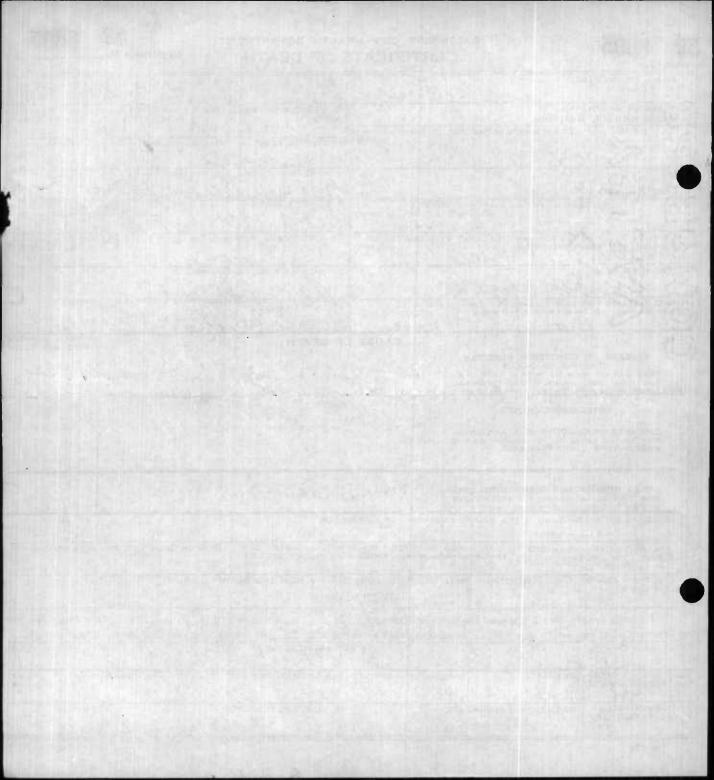
52	8895
DIDTU	NO

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8895
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) D. STREET Mos. c. Length of stay in Baltimore Days 5/SEX 6. COLOR OR BACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min WIDOWED DIVORCED (Specify) Marrieg 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR II. BIRTHPL 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. one 42011 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 4 .. that I last saw the deceased alive on . 19 4 m., from the causes and on the date stated above. and that death sccurred at 23A) SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A BURIAL CREMA-TION REMOVAL (Specify) 248 DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. POCATION (City, town, recounty DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

277393

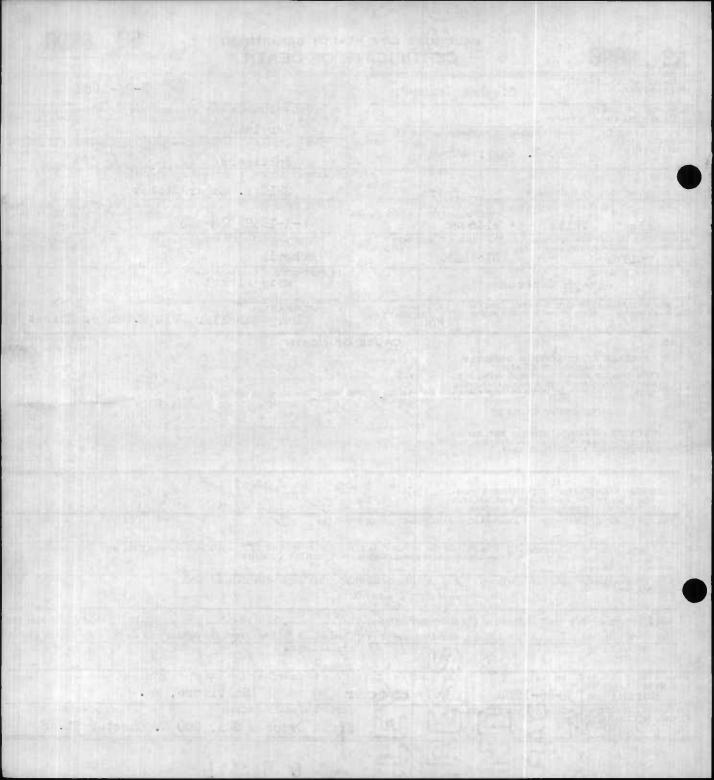


52 No 8896

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8896 Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Stepher	Yanecek		2. DATE OF 9-26-1 DEATH	.952		
a. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  2210 E. Eager S	location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)  Maryland  C. CITY OR TOWN (If outside corporate limits, write EURAL and give township)  Baltimore				
c. Length of stay in Baltimore 51	D. STREET ADDRESS (If rural, give location)  2210 E. Eager Street					
5. SEX 6. COLOR OR RACE 7. SINGLE WIDON Widow	8. DATE OF BIRTH 5-1-1869		der I Year II Under 24 Hours II Under 24 Hours Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tailor  Cloth	11. BIRTHPLACE (State or for Bohemia		2. CITIZEN OF WHAT COUNTRY?			
Joseph Yanecek	14. MOTHER'S MAIDEN NAME Mary Nickel					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  NO	Non	17. INFORMANT Mary Schall	er,2210 E. Eas	ger Street		
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A)  (B)  (B)  (B)  (CAUSE OF DEATH  (INTERVAL BETWEEN ONSET AND DEATH  (A)  (B)  (B)  (DUE TO  (C)						
DISEASES OR CONDITIONS, IF ANY, GIVING TO DESCRIPTION OF SOUTH OF THE DESCRIPTION OF THE DES	ED (VO)	trafficher ATION	rlaff	20. AUTOPSY?		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., In or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?						
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 2 1,19 to 9 - 1, 19 that I last saw the deceased alive on 1,19 and that death occurred at 1 m, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 123C. DATE SIGNED						
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial 9-29-1952	24c. NAME OF CEMETER Holy Redeemer	RY OR CREMATORY 240. LC	more, Md.	county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR SFP 2/1952++++++	URE	25. FUNERAL DIRECTOR Frank Cvach & Son,		or St. 5		
VS 150	memory My	0889				



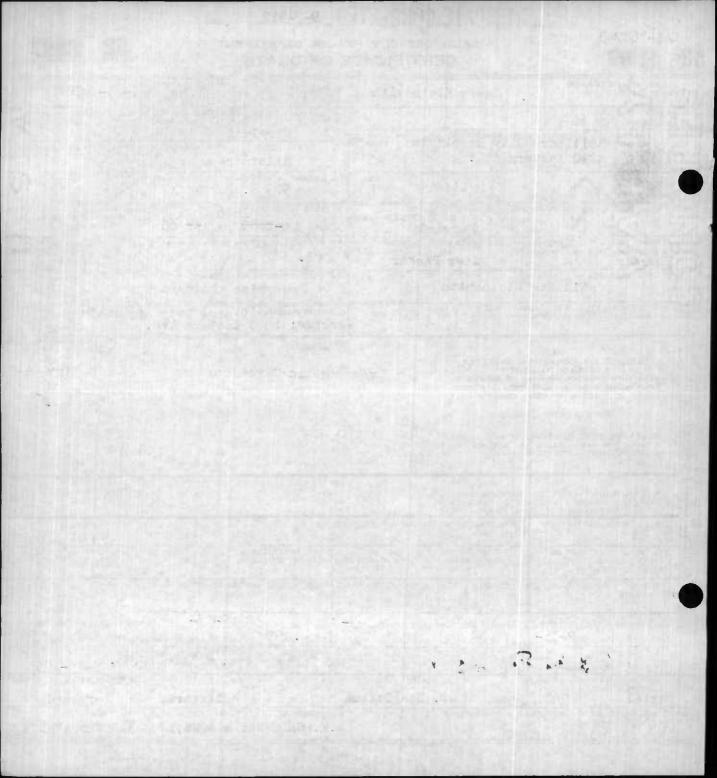
452 AB-162743

# CERTIFICATE CORRECTED 9-21952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8897

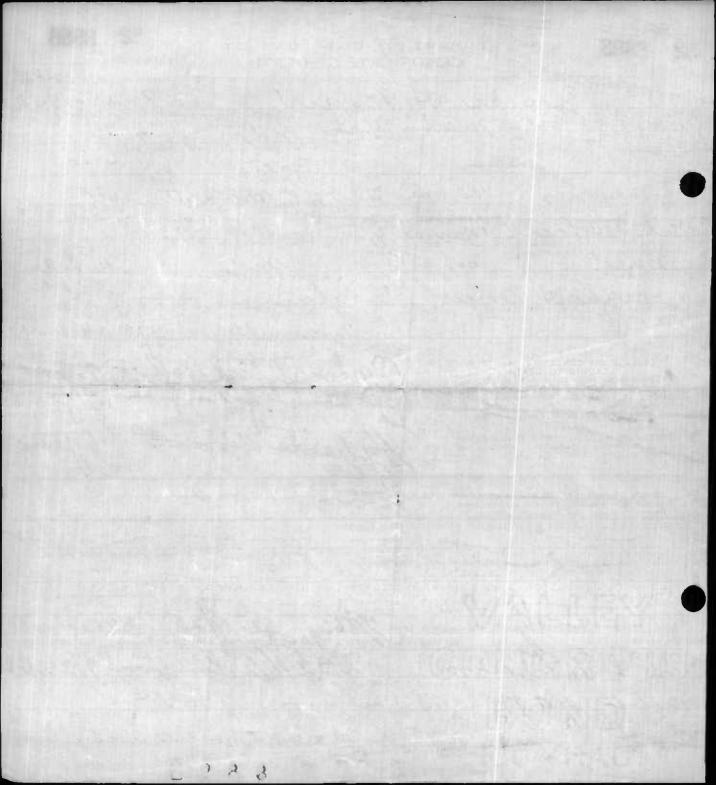
BI	RTH NO. 3			CERTIFICATI	E OF DEATH	Registere	Ju 140,
1.	NAME OF D		James	Kleinsmith		2. DATE OF DEATH	-25-1952
B.		City, Maryland		ion, give street address or pitals location)	A. STATE  Marylan  C. CITY OR TOWN	E (Where deceased lived B. COUNTY d. (If outside perperate 1	I. If institution: residence before admission) imits, write RURAL and give township)
	Length of	stay in Baltimore		ife Yrs.	Baltimo D. STREET ADDRESS 503 S.		)
	SEX M	6. COLOR OR RACE	WIDOW	Days E. MARRIED. VED. DIVORCED (Specify)  rried	8. DATE OF BIRTH 18  June 26-1885	9. AGE (In years last birthday)	Months Days Hours Min.
1 C worl	A. USUAL OC done during most Shucker	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	o of Business or INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S	William K		th 1/9)	14. MOTHER'S MAIDE		
15 (Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANGALTI Records: 4940 E	more City Hos astern Ave.	pitals
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO					interval between onset and offath	
FICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, H THE ABOVE CAUSE (A) YING CONDITION LA	ANY, GIVIN				
CERTIF	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
IEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore Cit	ty, give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		JURY OCCUR?	
	22. I herel deceased a 23A. SIGNA	live on 9-25-	, 19 52	deceased from 9-3	- , 19 52 to	om the causes and or	52, that I last saw the n the date stated above. Md 23c. DATE SIGNED 9-25-1952
24 TI	AA. BURIAL,	CREMA 248. DATE Specify)		24c. NAME of CEMETE	RY OR CREMATORY 24	o. LOCATION (City, t)	(State)
D.	Burial ATE RECEIVE DCAL REGIST OCTO 27	10574- A	1- 11	St. Stanislaus	25. FUNERAL DIRECT M.F. SADOWSKI		Maryland ADDRESS EASTERN AVENUE
-	VS 150	1992 Hunding	y 5	2 69043	Chuls &	D. Selm	h'



#### BALTIMORE CITY HEALTH DEPARTMENT

52 8898

Registered No-CERTIFICATE OF DEATH BIRTH NO 10.30 P 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Martland, B. COUNTY before admission) (Mot in hospital or institution, give street address or location) (If outside corporate Umits, Frite RURAL and give C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) Mos. Length of stay in Baltimore lingin Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under | Year | If Under 24 Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Married 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME LAB. 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES; yes, no or unknown (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 59 CAUSE ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 1927 to-19 and that death occurred at 6.50 h., from the causes and on the date stated above. deceased alive on 23A, SIGNATURE 23B ADDRESS 23c. DAITE SIGNED 24A. BURLAL CREMA TION, REMOVAL (Specify 24BODATE 24c. NAME OF CEMETERY OR CREMATOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

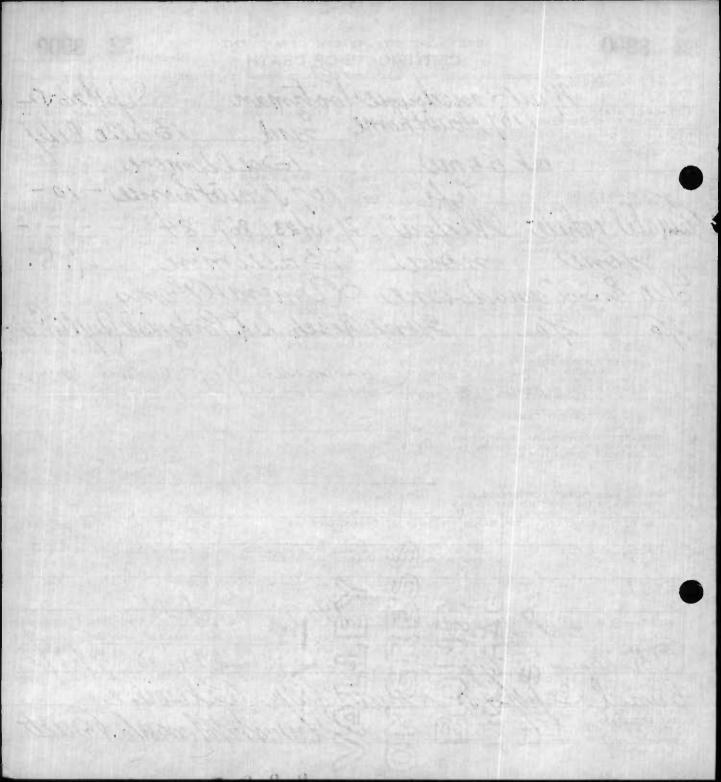


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prease wire one causes or uearn creamy and regions.

## BALTIMORE CITY HEALTH DEPARTMENT X Registered No. 8899

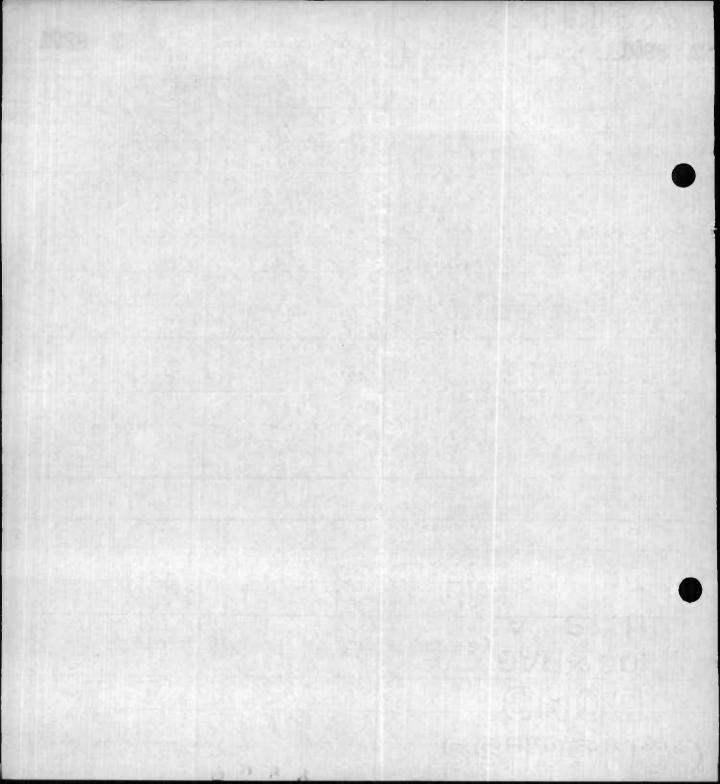
	RTH NO.			CERTIFICATE	E OF DEATH	Registere	d No.
	NAME OF D	ECEACED				2. DATE	
(T	ype or Print)			747		OF OF	
-		LOWERY,	George	Washington		DEATH SE	ept. 26,1952
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived B. COLINTY	. If institution; residence before admission)
A.	EILL NAME	OF (If not in hosnit	al or institut	ion, give street address or	Maryland		la 7
	SPITAL OR	USPHS Hospi		location		The state of the s	mits, write RURAL and give
	STITUTION				C. CITT OIL TOTAL	Outblue corporate ii	township)
1	Wyn	an Pk. Dr. 31	st Stre	et			1000
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore	19 da	Mos. Days	Tilghman	Teland	
	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under I Year   If Under 24 Hours
	37 -	9979	WIDOW	(ED, DIVORCED (Specify)			Months Days Hours Min.
	Male	White	Marr:		Feb. 22,1892	60	
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
11			Coofe		Manusland		
	isherman FATHER'S		Seafe	arer	Maryland 14. MOTHER'S MAIDEN N	AME.	U.S.A.
'-	. I ATTIER 5 ;	AME				AME	
W	illaim J	oseph Lowery			Mary Neavitt		
15	. WAS DECEASE	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
1		(If yes, give war or date	of service)	SECURITY NO.		TT	
No				?	Records - USPHS	Hospital,	
	18. 162	X.			OF DEATH		ONSET AND DEATH
		SE OR CONDITION	DIRECTLY	Post	t-operative state	(Lobectomy	approximate
		LEADING TO DEAT	TH	~	cinoma of the lw		The state of the s
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the diseas				one week
	injury or	complication which c	aused death	i.) DUE TO LYM	ph node metastase	s. Type -	
	ANTECEDENT CAUSES squamous cell.						
							and the sale of the sale of
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING						
Ě		HE ABOVE CAUSE (A)		HE DUE TO			
X	UNDERL	TING CONDITION LA	51.	(C)	***************************************	***************************************	***************************************
112					1		
F		11					
12		SIGNIFICANT CONDI					- V-2-17
118		ISEASE OR CONDITION					
1	19A. DATE C	F OPERATION / 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A A	Sent.	19,1952 0	arcinon	na of lung with	h metastases		YES NO X
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in		If in Baltimore Cit	y, give exact location)
		R CONTRIBUTING		farm, factory, street, office bldg., e			
1 =	CAUSE OF	DEATH					
-		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from Sap	t. 7 , 1952, to Se	pt. 26 , 19	9.52 that I last saw the
					red at 8:40Pm., from t		
	23A, SIGNA				38. ADDRESS		23c. DATE SIGNED
		11/1/1/1/	inici	077 0 11	SPHS Hospital, Ba	alto. Md.	9/27/52
-	A BUDIAL	ter Sinical	DILAGO	OF M.D. U	RY OR CREMATORY 249 L	OCATION (City, to	
TI	AA. BURIAL	Specify)	/	1 . 1	1.0	47	11 1 5
11/.	1//(//	1/49/	50	Julahm	an Vely	kman 10	albot med
七	ATE RECEIVE	D BY   REGISTRAR	S SIGNATU		25 FUNEBAL DIRECTOR		ADDRESS
1 4	PECIST	RAP 1	Jan 1	1111	1/1 /2	n . 5	
1	1771	952 7 unten	mon /	elleaner hast	1 reds 11	100	
	VS 150				1. 0		- 0
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11			72	9/0/3	/ Leg /2m	eans	ma

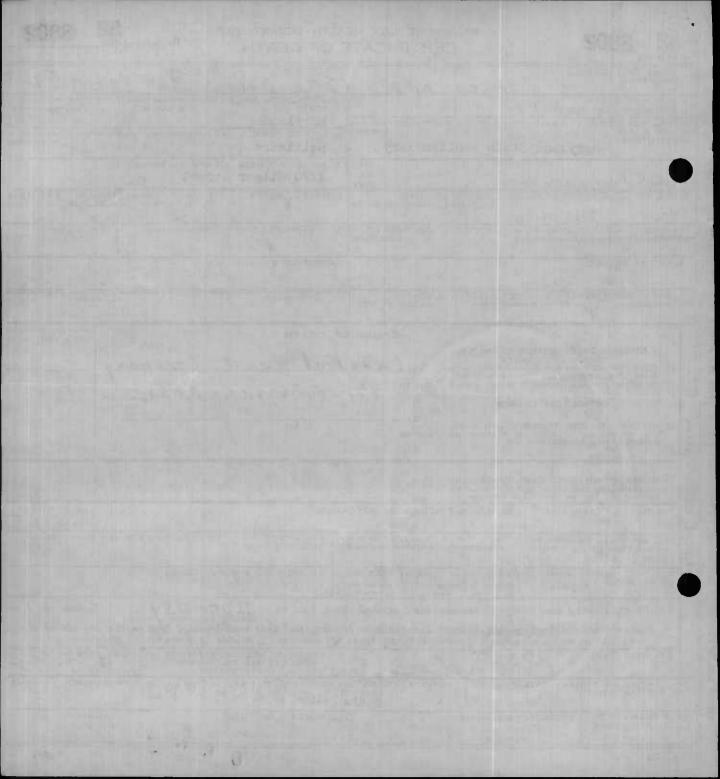


#### BALTIMORE CITY HEALTH DEPARTMENT

52 8901

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) John E. FINN	DEATH DEPT. 25, 1952
A. Baltimore City, Maryland OA	4. USUAL RESIDENCE (Where deceased lived, if institution residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	MARVIAND. BALTO.
HOSPITAL OR location	township)
UNIVERSITY HOSPITAL	LA40NSVIIIE
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	
MARRIED MAITE MARRIED	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	F 11 . D . 1
Edmund Voseph LINN	Ellen DAly
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
100 214-03-216	EMMA FINN 660- LOCHIVAR DRIVE
18. 420.1 CAUSE	OF DEATH . INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONARY OCCUSION 2 YEARS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	MARY OCCIOSION RYCHES
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	andays in Candya-1000 day
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ertensive Cardio-VASCUlar
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	2 Years
(C)	7
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.	
□ LYING □ OR CONTRIBUTING □ about home, farm, factory, street, office bldg □ CAUSE OF DEATH	
21p. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m.   WORK L.J AT WORK	
The real control of the control of t	2pt 1950, to Sept , 1957, that I last saw the
deceased alive on 32pt 20, 1952, and that death occur	230 ADDRESS 4 230 DATE SIGNED
23A. GIGNATURE P. Klemkouske M.D.	11 & Chase It 9/15/52
24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMET	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
TION, REWOVAL (Specify) 9-29-52 Holes	Francen a a County Mid
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Seere & Forley Citorsodl, Mil
32P 41 1934	
VS 150	24 - 0 0 1
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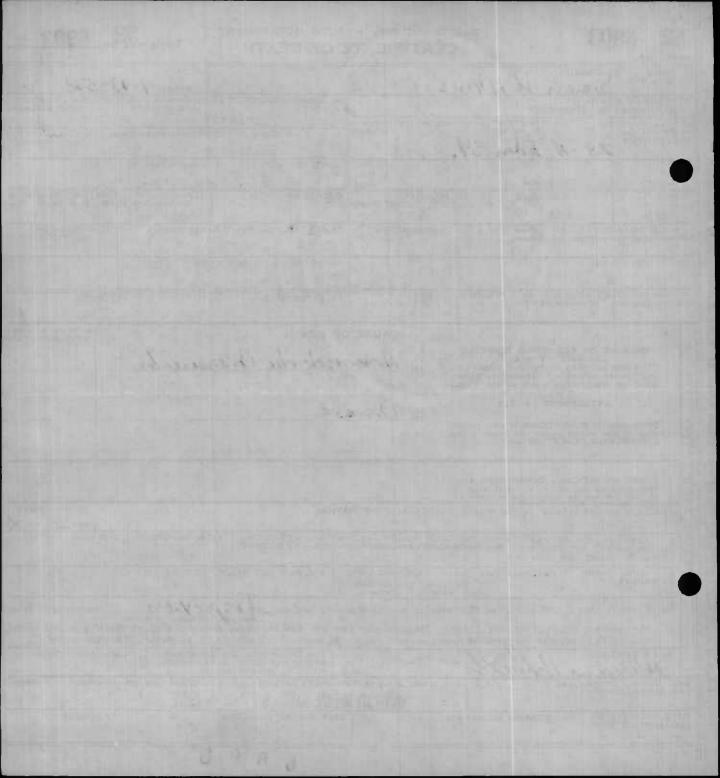


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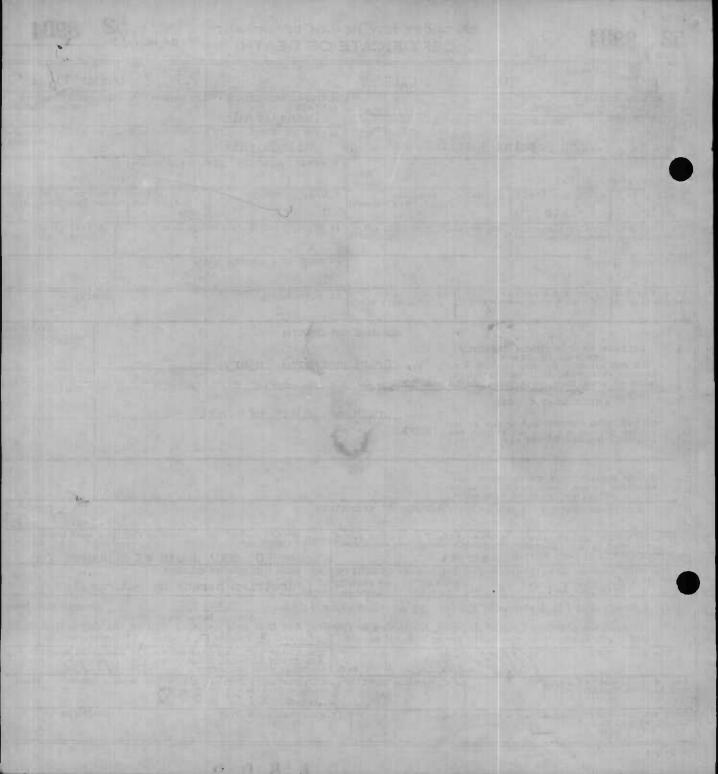
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BALTIMORE CITY HEALTH DEPARTMENT 8904 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH September 11, 1952 RICHARD CALVERT 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF If not in hospital or institution, give street address or Pennsylvania HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Philadelphia D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. ANRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. N 18. E812.4 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral Injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEDUCTOX ANTECEDENT CAUSES (B) Crushing Injury of Chest DISEASES OR CONDITIONS, IF ANY, GIVING **SOFTER** RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) UTING L CAUSE OF DEATH. Route 40, 600' south of Sunburst Inn 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY pedestrian struck by automobile autopsy 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes  $\Box$ , accident  $oxed{2}$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 23B, CHIEF MEDICAL EXAMINER...... 23A. SIGNATURE MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE .. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Tuntington Wallatier, My LALUS V S 151 N862.2

important.

especially



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DATE RECEIVED BY

LOCAL REGISTRAR 6 10E VS 150

25. FUNERAL DIRECTOR

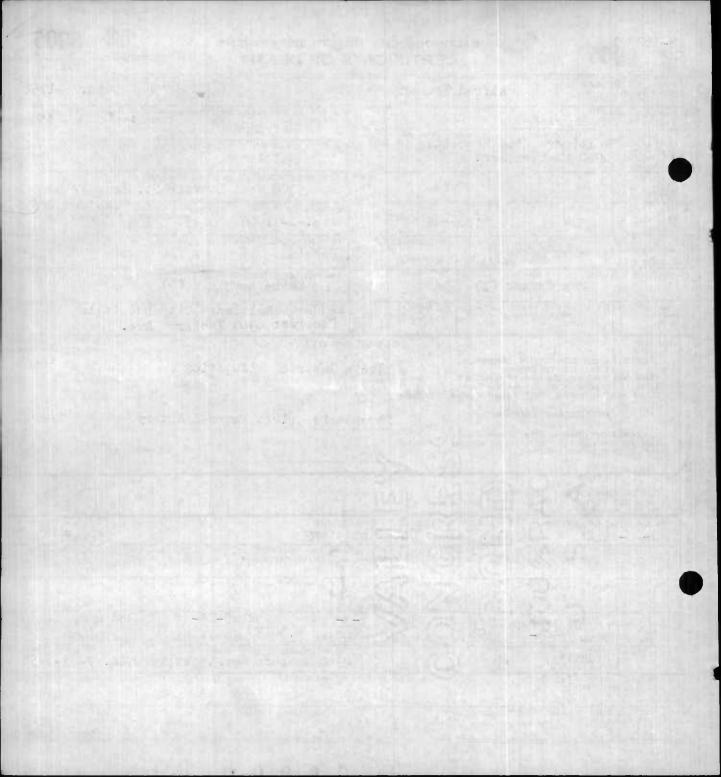
REGISTRAR'S SIGNATURE

AUDRESS

before admission)

24hrs

20. AUTOPSY



2	16				52	2000
	52 89	06		E OF DEATH	Registered No	8906
===	RTH NO.		CENTITION	L OI BLATTI		
	NAME OF D ype or Print)	Frank L	L. Roseber	F	2. DATE OF DEATH	27-82
A.		City, Maryland	Pallimon City ()	4. USUAL RESIDENCE (WA. STATE	here deceased liver If insti B. COUNTY	tution: residence before admission)
H	FULL NAME	OF (II not in nospit	al or institution, give street address or location)		outside corporate limits, wi	rite RURAL and give
IN	STITUTION	2021 E. 32nd	St.	Baltimore	9-00	township)
			Yrs.	o. STREET ADDRESS (If	rural, give location)	
c.	Length of s	tay in Baltimore	Mos. Days	2021 E. 32nd S	t.	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   H Under last birthday)   Months	
	male	white	married	Aug. 14, 1876	76	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   12.	CITIZEN OF
	salesman		Real Estate	Illinois		WHAT COUNTRY?
13	FATHER'S	NAME		14. MOTHER'S MAIDEN NA	AME	
	Robert R	osebery		Nora Johnson		
15 (Ya	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL	17. INFORMANT	ADDR	ESS
1,	no	(1. 300) BITO WAL OF GAVE	SECURITY NO.	A Mrs. Louise W.	Roseberv-2021 H	32nd St.
ERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT not mean the mode o ure, asthenia, etc. It mea complication which c  ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) //ING CONDITION LA	DIRECTLY I'M	of DEATH  now eders  rys part to  ters schoole  nol dissis	cado	INTERVAL BETWEEN ONSET AND DEATH
	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATED I wortel	3 beytetich	4	
U		F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION //	7	20. AUTOPSY?
AL		_		1/1	_	YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.,		f in Baltimore City, give	exact location)
		(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
h	F INJURY		m. WHILE AT NOT WHILE			
			ended the deceased from 10.			
	23A. SIGNA	TURE	4 // 12	23B. ADDRESS	. A 2	3c. DATE SIGNED
			M.D.	3929 Charton		11027-52
24 TIC	A. BURIAL, ON, REMOVAL (S	specify)	24c. NAME OF CEMETE		OCATION (City, town, or	Sunty) (State)
	Burial	9/29/52	Lorraine		odlawn	
S-P	ATE RECEIVE	D BY REGISTRAR'	ton Williams M.P.	25 FUNERAL DIRECTOR	ckner 40	Mo
3	Ivs 150		5 .: 0 .		Raeto 17.	md.

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5	20					52	900~
BI	52 89 RTH NO.	907		TIMORE CITY HE	E OF DEATH	Registered No.	8907
	NAME OF ype or Print)		JESSE I	L. OWINGS		2. DATE OF DEATH Sept.	26, 1952
	PLACE OF Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (V		itution: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)		outside corporate limits, w	nite DIIDAT and sine
	STITUTION	3009 Indepen	ndence S	St.	Baltimore	9- 0 H	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
		stay in Baltimore		Mos. Days	3009 Independe		
	ale	white	7. SINGLE WIDOW WIDOW	E. MARRIED. PED, DIVORCED (Specify)	Sept. 14, 1868	9. AGE (In years last birthday) Months	of 1 Year H Under 24 Hours Days Hours Min.
10 work	A. USUAL O	CCUPATION (Give kind of at of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12.	CITIZEN OF
	Carpen	ter (rtd)	Self en		Maryland		
13	. FATHER'S				14. MOTHER'S MAIDEN NA		
15	. WAS DECEA	Owings SED EVER IN U. S. ARMEI	FORCES?	I 16. SOCIAL	Emily J. Ritte	ADDE	RESS St.
(Ye	no or unknow:	n) (If yes, give war or date	s of service)	SECURITY NO.		wings - 3009 In	
CERTIFICATION	(This do heart fai injury o DISEAS RISE TO	ASE OR CONDITION LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	TH  of dying, e.g.  ons the disease  caused death  SES  F ANY, GIVIN  STATING TH	e, DUE TO	rioscleratic Cardi nility	6-Vasculor Distan	
ERTIF	TRIBUTIN	SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D			
	-			FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCI LYING CAUSE OF	DENT WAS UNDER-		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
7	ID. TIME	(Month) (Day) (Year)	(Hour)	2 1E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	DF INJURY	Y		WHILE AT NOT WHILE			
	22. I here	by certify that Latt	tended the	deceased fromand that death occur	1949, 19, to J rred at 6: 10 An., from t		hat I last saw the late stated above
	23A, SIGN		M. Bin	M. D.	28. ADDRESS Andre		DATE SIGNED
TIC	Burial, Buria	(Specify)		Druid Ridge Co	em. Pike	SVIlle. Md.	condity) (State)
D/ LC	ATE RECEIVED OCAL REGIS	STRAR 1052 + t			28 FUNERAL DIRECTOR		DDRESS VW
	VS 150		7	5 2 0 0	08909	Guets 17	. md.

THE SECTION OF THE SEC.

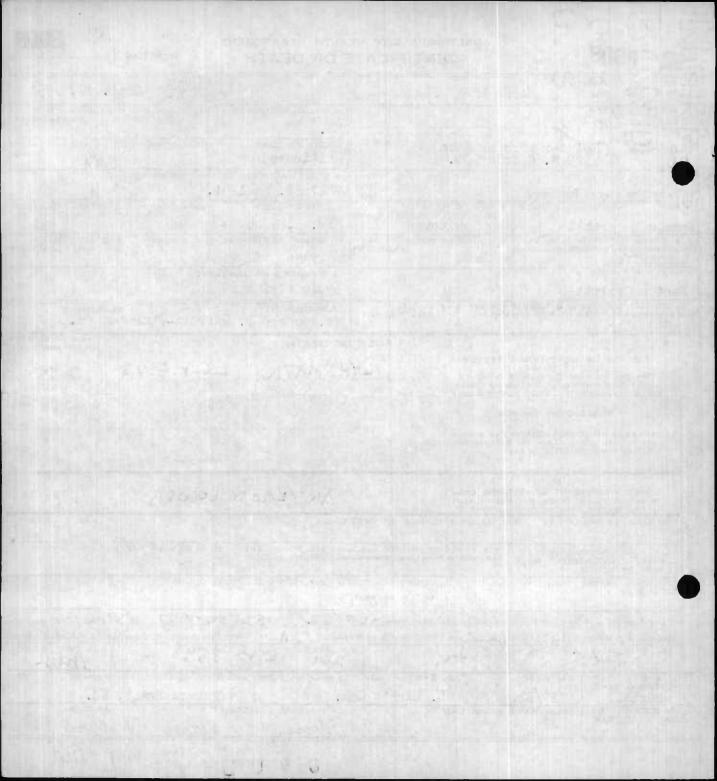
2000	E OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print) MABEL BRENT PEARL	2. DATE OF Sept. 27, 1952		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission Md.		
HOSPITAL OR INSTITUTION Melchor Nursing Home 2329 N. Charles St.			
Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) 2017 St. Paul St.		
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) white widowed	8. DATE OF BIRTH Mar. 3, 1884  9. AGE (In years li Under I Year Months Days Hours Mir		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife industry	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Barton Garrott	Lydia Atkinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Mr. George B. Garrott-Thurmont Md.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	MRTERUSCUERUSIS 178.		
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE			
m.   work   AT WORK	77.2, 1957to SEN7.27, 1957that I last saw th		
	rred at 7 A.m., from the causes and on the date stated abov		
23A. SPONTURE TO M. D.	238. ADDRÉSS 1857 3321 57- 23c. DATE SIGNE		
TION, REMOVAL (Specify) Burial  248. DAYE  249. DAYE  240. JAME OF CEMETE  240. BURIAL CREMA- 248. DAYE  240. BURIAL SPECIFICATION  248. DAYE  240. JAME OF CEMETE			

25. FUNERAL PRECTOR

AppRESS

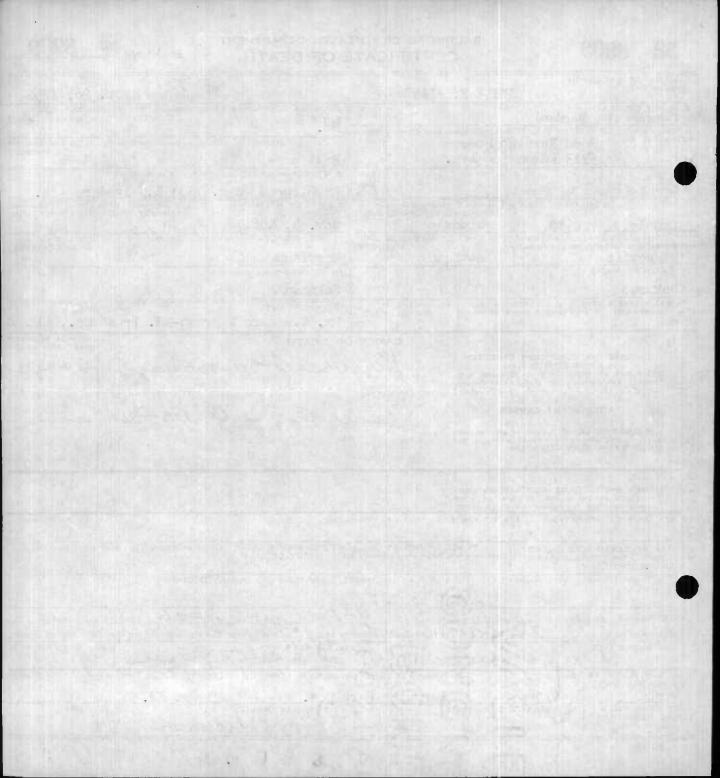
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT 52 8909 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE SUSIE E.LELAND Sept. 26, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Md. (If not in hospital or institution, give street address or HOSPITAL OR Hood Nursing Home C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5313 Edmondson Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days Ramblewood Apts. 1300 E.Belvedere Ave. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. female widowed Nov. 4, 1861 white 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. T. Carroll Brown-Md. Trust Co., Balto M 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ī RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 6 YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 26 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deccased alice on and that death occurred at h., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADORESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) 9/29/52 Lorraine Park Cem. Burial Woodlawn DATE RECEIVED BY REGISTRAR'S SIGNATURE 28 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

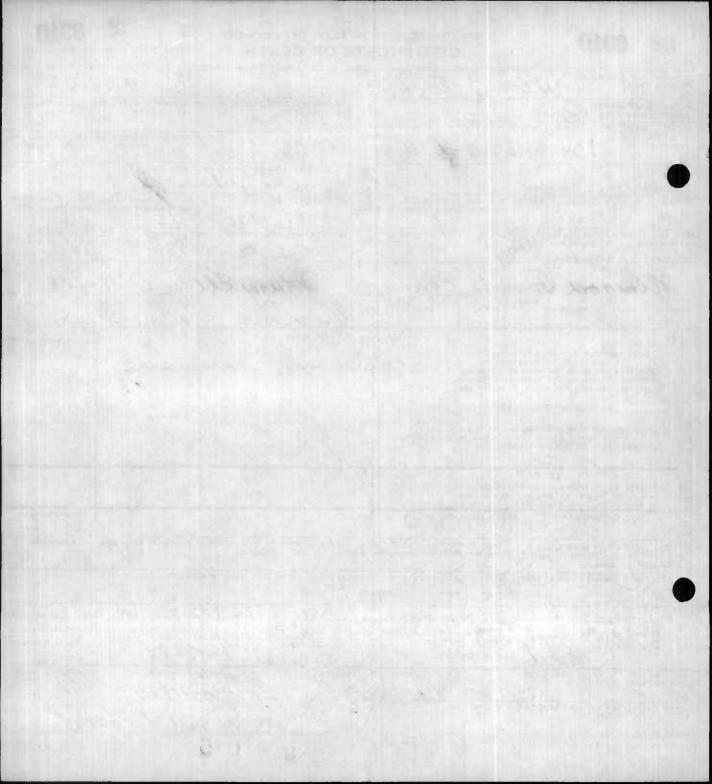
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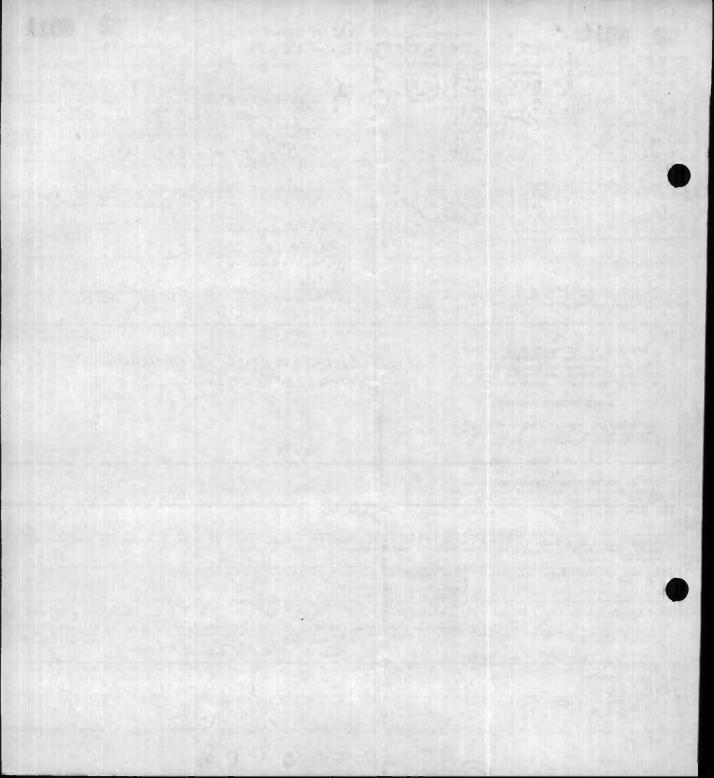
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8910
Registered No.

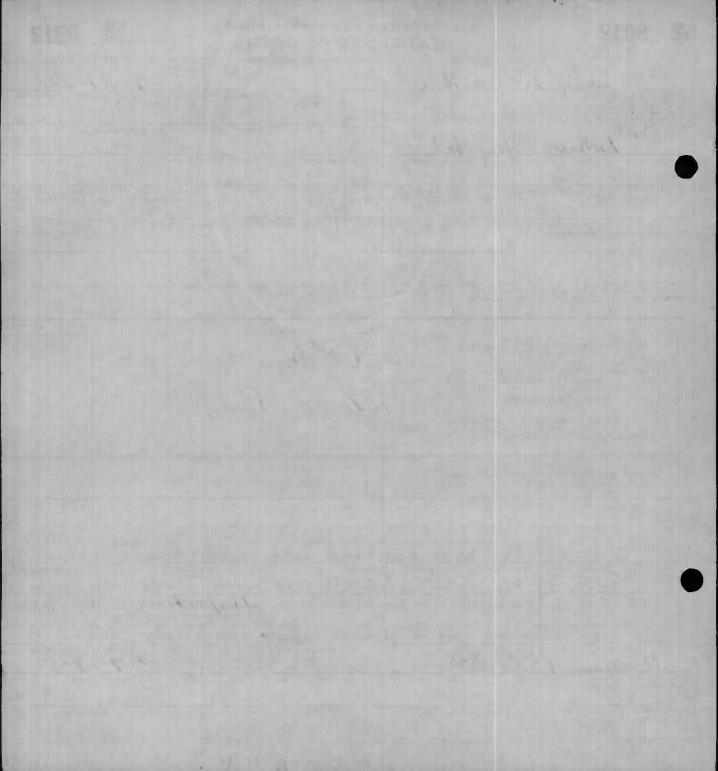
BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Wesley 9.26.52. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give his tot) 10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY 13. FATHER S NAME () . limrod trancis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yea, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL NO YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY WHILE AT NOT WHILE WORK 1952 to 9.25. , 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 9.25, 19 52, and that death occurred at 2 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 9.26.50 AC NAME OF COMETERY OR GREMATORY 24A. BURIAL, CREMA-248. DATE AZION (City, town, or county) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



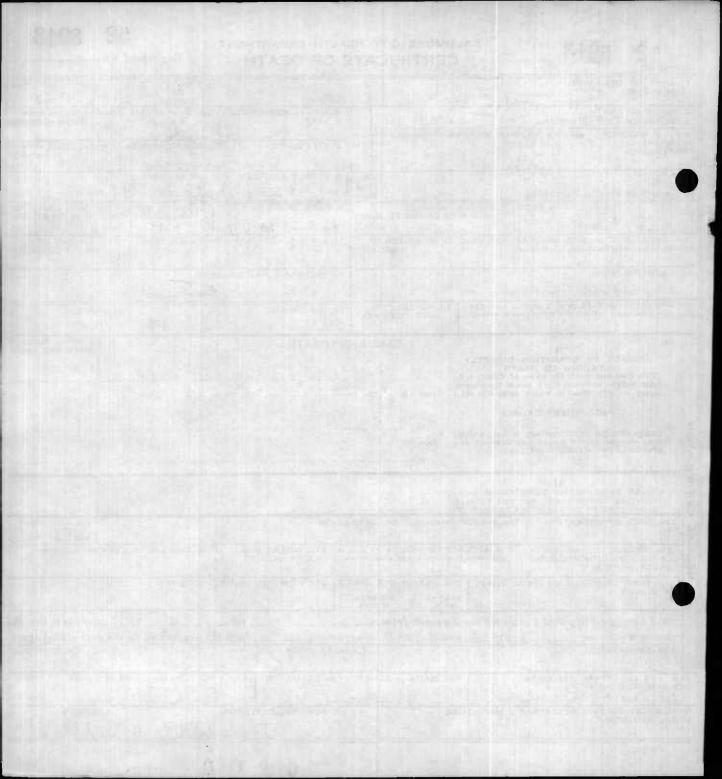
-15	40	=1	11111
	50 2011 BALTIMORE CITY HE	EALTH DEPARTMENT 52	8911
	61-19193 CERTIFICATI	E OF DEATH Registered No.	
-	NAME OF DECEASED		
	Type or Print) Benny Slumpt	2. DATE OF GEATH 9-2	5-57.
	PLACE OF DEATH: Baltimore City, Maryland  \$\int \beta \beta +	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		10 26
117	south Raito. Gen Hosp	BALTIMORE 25	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
6	ength of stay in Baltimore /3 - Mos. Days	1 3407 tieldlea Ct. ra	infield
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		Days Hours Min.
10	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR K done during most of working life, even if retired)		CITIZEN OF
		Baltwore, Md.	WHAT COUNTRY
13	B. FATHER'S NAME	M4. MOTHER'S MAIDEN NAME	1/
19	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDR	RESS
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	John Shimel 3407 Fie	Idlow C+
	18. 057.0 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	eningo coccal Meningitis	21/02
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	evago co co eura	24 4177
	injury or complication which caused death.) DUE TO	ecocy a actual	
Z	(B)		
IF.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICATION	(c)		***************************************
RTIF	The state of the s		
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
DICAL	7		YES NO
ltl	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH		exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ZED 21F. HOW DID INJURY OCCUR?	
	F INJURY  WHILE AT WORK AT WORK	[ 557	
	22. I hereby certify that I attended the deceased from 9	- 12 - 3 000 7.10 1.1	hat I last saw the
	deceased alive on SCH 25, 19 and that death occur	rred at 7 p.m., from the causes and on the o	late stated above.
	23A. SIGNATURE 2	South Ballo Gent Hoops 2	3c. DATE SIGNED
	4A. BURIAL, CASHA- 24B. DATE 24C. NAME OF CEMETE	RY CHICREMATORY 24D. LOCATION (City, town, or o	eounty) (State)
2.	ON-PUMP (Specify)		
2. TH	BURIAL Sept 29 1952 Hily Cro	OSS ANNEARUNDEL C	o Md
THE D	1 S ST AU : 1174 11 1	25. FUNERAL DIRECTOR AL	DORESS I
THE D	BURING SEPT 29 1963 HITY CHE ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ACCORDED TO GOINGE 4001	DORESS RICHARD
THE D	BURING SEPT 29 1963 HITY CHE ATE RECEIVED BY REGISTRAR'S SIGNATURE	George J Goince 4001	DDRESS Riklie Hu



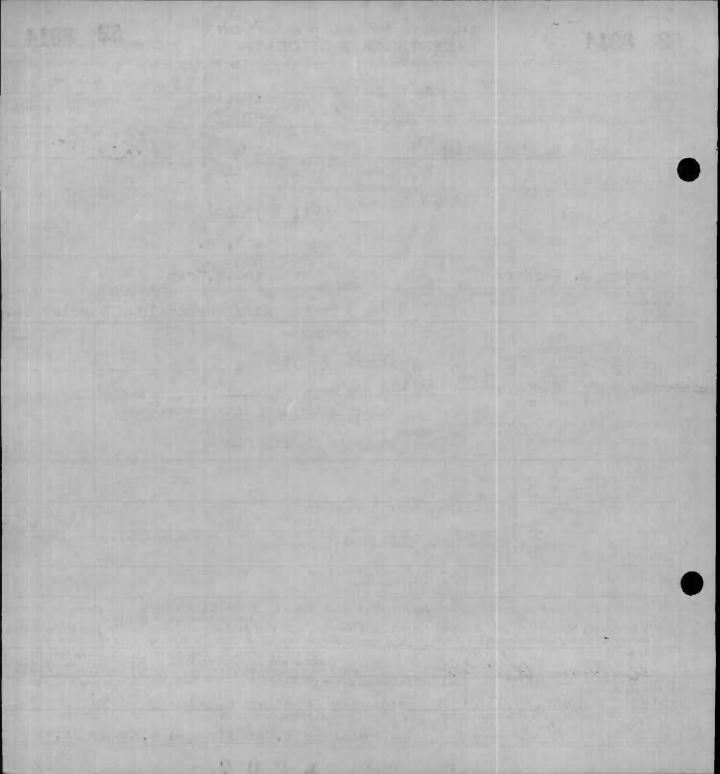
2				
55	BALTIMORE CITY H	EALTH DEPARTMENT	52	0040
164	CERTIFICAT	E OF DEATH	Registered No.	0315
-	NAME OF DECEASED V		2. DATE	
	Spe or Print) Judy Mª Cracken		OF DEATH 9-2	7-52
	PLACE OF DEATH:	4. USUAL RESIDENCE (W	here deceased lived. If inst	
	Baltimore City, Maryland FULL NAME OF Int in hospital or institution, give street address o	A. STATE NARYCAR	B. COUNTY	before admission
H	OSPITAL OR location		outside corporate limits, w	rite RURAL and giv
	Lutheran Hospital	BRADSA	I AW	township
	Yes.	D. STREET ADDRESS (If I	ural, give location)	1.1
	Length of stay in Baltimore Days	1 KURAL O	F Jowson	Ms
3,	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   Worth	r i Year   If Under 24 Hours   Days   Hours   Min
10	T W SINGLE	JUNE 1, 1949	3	9
wor	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	. CITIZEN OF WHAT COUNTRY
1.3	FATHER'S NAME	130 c To Co.,	MO.	
12	12	14. MOTHER'S MAIDEN NA	ME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	UAY 15.	ARR	
(Ye	s, no or naknowh) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDF	RESS
-	N 2	KAY MC (RAU	LEN Spin	Co. P10
		OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	3 m / B	1	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	o regre lour	as Or	***************************************
	injury or complication which caused death.)	7 ( ( )		
	ANTECEDENT CAUSES	n of 13mlu		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************	••••••••••••
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
CA	(C)			
	OTHER SIGNIFICANT CONDITIONS CON-			
E C	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Ü	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
7				YES NO
DICA	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
ED	UNDERLYING OR CONTRIB- DING CAUSE OF DEATH.  DOWN NEW YORK		1 700 - 101	d Court Re
7	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		occur?	with match
7	Sept. 27, 1952 3pm work AT WORK	e aress caught	Fire while	e playing n
	22. I certify that I took charge of the remains described of	above, held an _Lusp	certion ti	hereon and from
	the evidence obtained by said Autopsy, Inspection or	Autops Inquiry, find that said dec	eased died on the d	lay stated above
	and death in my opinion resulted from: natural cause	s 🗌, accident 🔼 suicide [	🗌, homicide 🔲, unde	etermined [].
	23A. SIGNATURE	238. CHIEF MEDICAL EX	VARAINIED bal d	ATE SIGNED
24	A. BURIAL, CREMA- 248, DATE AC, NAME OF CEMETE	1.D. MEDICAL INVESTIGATO	R	18-52
TIC	N REMOVAL (Specify)	CA CREMATORY 240. LO	CATION (City, town, or c	ounty) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	PING ( EM   (5 L	ADE PRING	DDRESS
	CAL REGISTRAR Turturgton Williams M.		2	()
-	LE ES BAZI	JUSEPH 1 10	STER ISLL	Mr. R. Ma
V	S 151 N-948,2	0000	72	1/



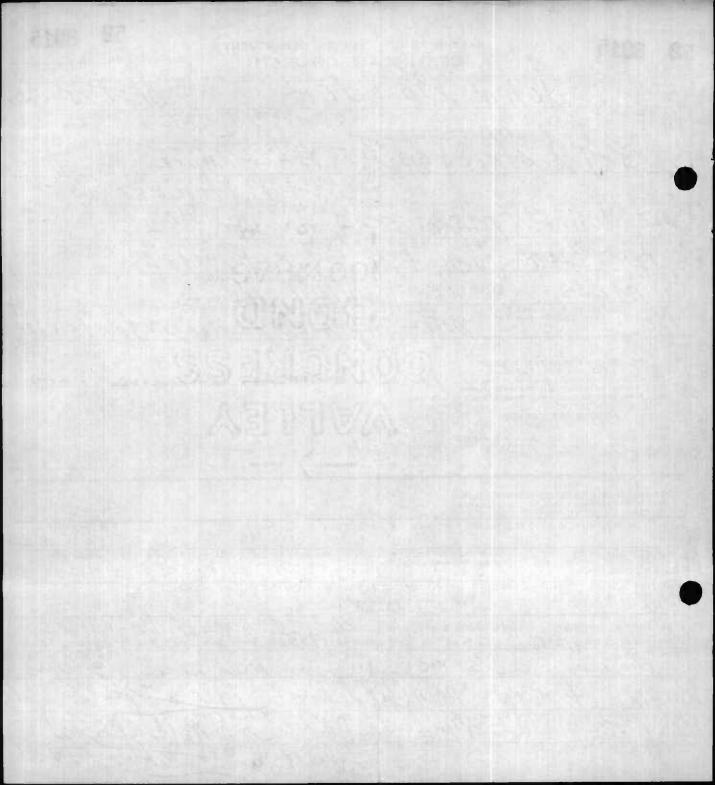
VS 150



52 8914 Res CERTIFICATE	E OF DEATH Registered No.	8914			
1. NAME OF DECEASED (Type or Print) HOWARD W. JEFFE	ERSON 2. DATE OF Septemb	er 27, 1952			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst				
B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	7				
Johns Hopkins Hospital  Yrs.  Mos. Days					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White		r 1 Year   H Under 24 Hours   Days   Hours   Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY			
Lawton H. Jefferson	14. MOTHER'S MAIDEN NAME Catherine E.Gray				
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDIT Lawton H. Jefferson 1809 B				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c) Meckel's diverticulum					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.	ATION	20. AUTOPSY?			
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.)  UTING CAUSE OF DEATH.					
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  WHILE AT WORK AT WORK					
22. I certify that I took charge of the remains described above, held an Partial Autopsy the Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes A accident , suicide , homicide , undete					
24A. BURTAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24B. NAME OF CEMETER	ASSISTANT MEDICAL EXAMINER	. 27, 1952			
DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS			
VS 151	Elmer W. Conklin 924 E. Eager				



	2 8915 RTH NO.	1	BALTIMORE CITY HE	EALTH DEPARTMENT E 9F DEATH	52 Registered No_	8915
(T	NAME OF DECEASE ype or Print)	Joh.	N DOUC	TER	2. DATE OF DEATH EPT	75. 19A
Α.	Baltimore City, M			4. USUAL RESIDENCE (W	here deceased lived. If institu B. COUNTY	before admission)
H	OSPITAL OR STITUTION	8. St	nstitution, give street address or location)	C. CITY OF TOWN LIFE	outside corporate limits, write	te RURAL and give
C.	Length of stay in	Baltimore	Yrs. Mos. Days	D. STREET ADDRESS ()	ural, give location)	81-
7	MLE WI	hite )	INGLE, MARRIED, (Specify)	ApriLV- 1890	9. AGE (In years If Under I last Virthday) Months	Year If Under 24 Hours Days Hours Min.
18 18 18 18 18 18 18 18 18 18 18 18 18 1	. USUAL OCCUPATI	(Sive kind of 10B	KIND OF BUSINESS OR INDUSTRY	BI. BIRTHBLACE (State or for	10.0	CITIZEN OF VHAT COUNTRY?
13	ONARLI	s So	uder ICI	ANNIE NO	ME L	0 41
15 (Ye	. W46 DECEASED EVER	IN U.S. ARMED FOR s, give war or dates of ser	vice) 16. SOCIAL Vice) 15-03-141	17 INFORMANT SOUD	ER 377 SA	FRICKER
	(This does not me heart failure, asthe injury or complic	CONDITION DIRE NG TO DEATH an the mode of dyinia, etc. It means the ation which caused	CTLY  ng, e. g., (A) disease.	OF DEATH		NTERVAL BETWEEN NSET AND DEATH
FICATION	DISEASES OR CORISE TO THE ABOVE UNDERLYING CO	ONDITIONS, IF ANY VE CAUSE (A) STAT ONDITION LAST.	(B) GIVING ING THE DUE TO (C)			
CERTII	TRIBUTING TO THE	II CANT CONDITION E DEATH, BUT NOT OR CONDITION CAUS	RELATED			
CAL	19A. DATE OF OPER		AJOR FINDINGS OF OPER	ATION		20. AUTOPSY7
IEDIC	21A. ACCIDENT WALLYING OR CONTI	RIBUTING about	B. PLACE OF INJURY (e.g., in thome, farm, factory, street, office bldg., e	to 21c. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, give en	cact location)
	21D. TIME (Month) OF INJURY	(Day) (Year) (Hou	r) 21E. INJURY OCCURRI	21F. HOW DID INJURY	OCCUR?	
	22. I hereby certif deceased alive on_		d the deceased from	red at 95 Pm from th	e causes and on the da	t I last saw the
	23A. SIGNATURE		illes mo M.D. 2	3B. ADDRESS		DATE SIGNED
36	BURIAL: CREMA- REMOVAL (Specify)	9-79-191	Y New al	RY OR CREMATORY 24D. CO	CATION (City town or cou	(State)
DA Lo	TE RECEIVED BY REGISTRAND	REGISTRAR'S SIC	. 110	29 FUNE AL DIXECTOR	m Wall	RESS 2+2
	VS 150	0	3426G	Gralt 10 2	licke	OKS.



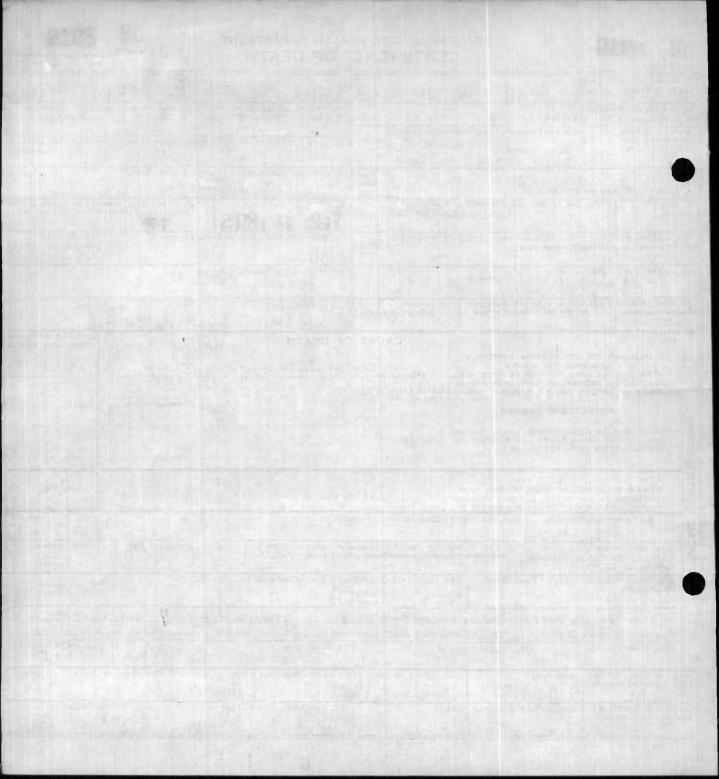
correct age is especially important.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

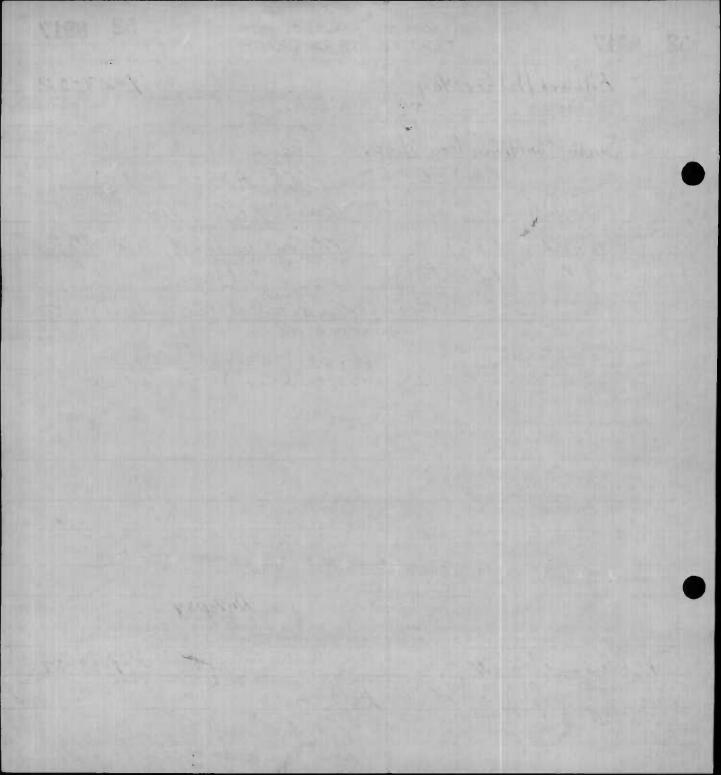
52 8916 Registered No.

B	RTH NO.									
(7	NAME OF D ype or Print)	CARR	LIE BI	SOMN	UND	ERHILL		2. DATE OF DEATH	-PT. 27	1952
Α.		City, Maryland	nesaw	nurse		4. USUAL RESID	ngland	ere deceased lived B. COUNTY	Balunter	re admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi		ion, give street	Inddress or logation)	c. CITY OR TOW	N (If or	utside corporațe li	imits, write RU	RAL and give township)
c.	Length of s	tay in Baltimore	my		Yrs. Mos. Days	o. STREET ADDR	4 0	ral give location	BARK	CAVE
5.	SEX F.	6.COLOR OR RACE	7. SINGL	E. MARRIED VED DIVORC	ED (Specify)	FEB 24	875	9. AGE (In years last birthday)	Months Days 4 /3	Hours Min.
1C wor	k done during most	CUPATION (Give kind of working life, even if retired	10B. KINE	OF BUSIN	ESS OR INDUSTRY	11 BIRTHPLAGE	(State or fore	eign country)		EN OF T COUNTRY?
13	Willi	iam It. 1	Frow	~		14. MOTHER'S TO	a Roll			
(Ye	. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIA SECUF	L MALL	MRS. R. SMI	TH 62	12 HADOO	ADDRESS	
	18. 159	X	Little E		CAUSE	OF DEATH	( 1 ma	Essive		ANO OEATH
	(This docs	SE OR CONDITION LEADING TO DEA not mean the mode rc, asthenia, ctc. It me	ATH of dying, e. : ans the diseas	e,	10	to intestinal	lem	mhagi	_ 16	, hours
	injury or	complication which  ANTECEDENT CAU		.) DUE TO	D	11. Malian	· · · · · · · ·	1		
ZO	DISEASES	S OR CONDITIONS,		(B)	Jose	ble range	2000-7	<i>]</i>		***************************************
ICATION	RISE TO T UNDERLY	HE ABOVE CAUSE (A)	STATING TE						•••••	••••••
CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE GEATH, BUT ISEASE OR CONGITION	NOT RELATE	D	nn	<b>~</b>				
AL	19A. DATE C	of operation number		FINDINGS	-				YES	AUTOPSY7
IEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJU	et, office bldg.,	etc.) INJURY OCC	DID (If UR?	in Baltimore Ci	ty, give exact	location)
	210. TIME OF INJURY	(Month) (Day) (Year		WHILE AT WORK	OCCURR NOT WHILE AT WORK		D INJURY	OCCUR?		
	22. I hereb	y certify that I at live on 27	tended the	deceased f	rombce eath occur	rred at 10 05 n	-	e causes and o		last saw the tated above.
	23A. SIGNA	John G	1. Luet	when	м. о.	12 E Espe	rel-	Balto e) m	d Supto	TE SIGNED
	AA. BURIAL, (S ON, REMOVAL (S BURIAL	14-20-1	952	LORRA!	NE PA	RY OR CREMATOR	Wood	CATION (City, to		MD.
	ATE RECEIVE DCAL REGIST	RAR 11- A	ston /	JRE VH: alle	ND	25. FUNERAL DI	NS & SO	NS G. 49	05 YORK	ROAD
100	-		/		4 4					

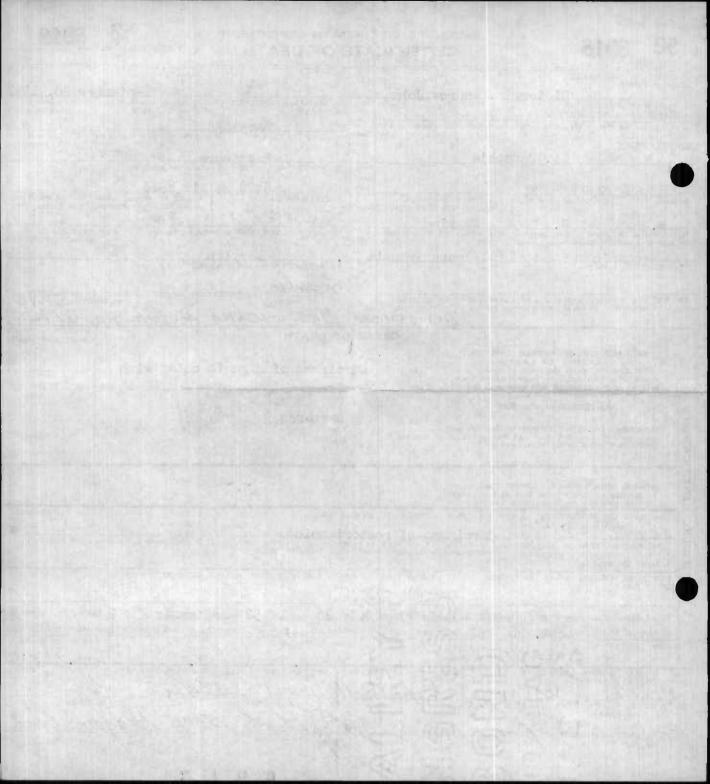
95200089



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Jun 2. DATE OF terstan DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION ADDRESS (If rural, give location Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORGED (Specify) last birthday) Months; Days Hours; Min. varries 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR achinists FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURTAL, CREMA-U24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State) TION, REMOVALA(Specify) RECEIVED BY REGISTRAR'S SIGNATURE 25 EUNERAL LOCAL REGISTRAR 151



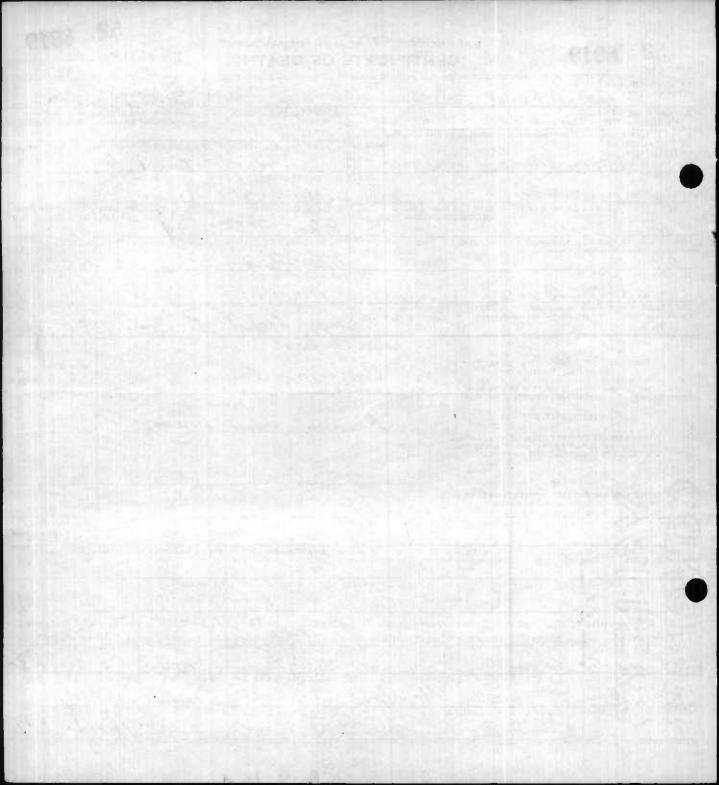
. 2	162		241	THORE SITY HE		in the second se	59	2010
	52 89 RTH NO.	918	BAL	CERTIFICATI	EALTH DEPARTMENT OF DEATH	Registere	d No.	8918
						Labore		
	NAME OF DI	ECEASED				2. DATE OF		
11	ype of Time,	DiGiorg	io. And	irew John		DEATH Ser	otembe	r 28. 1952
	PLACE OF DI Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	l. If institu	ution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate li	imits, wri	te RURAL and give
786	SUCKELIE STATES	St. Jos	anhle		Dol+:		1-3	4 Commont
7		00.000	epin s	Yrs.	D. STREET ADDRESS	(If rural, give location	)	1
				Mos.				
C.	Length of st	tay in Baltimore		Days		Belair Road		
5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Montha	Pays Hours Min.
_	M	W		ried	JAN-27-1918	1 24	1 ;	
	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State			WHAT COUNTRY
-	Mechar	nic	Baltir	more Transit Co	14. MOTHER'S MAIDE	land		
13	. FATHER'S N	IAME			Rosalie	N NAME		
15	WAS DESERTE	TO FILED IN II O ADME		1 10 000111				TOM
	, mas Decease	ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRE	ss 5878
`				217-03-0563	MRS. GLENI	NA DI G-10.	ROID	-BelaiR
ERTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY	LEADING TO DEA' i not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication of t	of dying, e. ins the diseaseaused death SES FANY, GIVII STATING TI	(B)	rcinoma of sigm		th	
Ü	TO THE O	ISEASE OR CONDITION	CAUSING	IT				
	19A. DATE C	Eust 1954	19B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
4	July 29	9529 -//4	Carei	noma of recto	sigmoid			YES NO Y
MEDICAL	21A. ACCID	PENT WAS UNDER PROPERTIES TO DEATH	21B. PL.	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID	(If in Baltimore Ci	ty, give e	exact location)
	OF INJURY	(Month) (Day) (Year	) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		JURY OCCUR?		
	22 1 hamah	as contifes that I -t	tonded the	deceased from Jul	¥ 26 1952 to	September 28	952 th	at I last saw th
	, litered	y certify that I at	1070	2 11 -1 3 -11				
	deceased a	live on Sept. 28	1, 1952.	and that death occur	rred at 11:45 m., fro	om the causes and o	n the ac	tte statea avove
	23A. SIGNA	TURE 10			23B. ADDRESS		23	C. DATE SIGNED
	00	s. Ham l	up ka	W. D.	1100 N. Carolin	ne St.		nt. 28, 152
2.	A. BURIAL.	CREMA- 24B. DATE	057	PALTO	NATIONA 24	Dello		
-	ATE RECEIVE		S SIGNATI	URE	25. FUNERAL DIRECT	OR .	/ A(0)	DRESS
	OCAL REGIST		a J	11/11	san // 1	-a- 11	1. 0	0 0
C	FD:20 10	VEG TI A	mator	W.Higues M.Z	X. + Kuck	5305 KM	210	of Look
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	VS 150		9		//		//	
		477	ł.	55.4	56000	1 12		



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VS 150



8920 BALTIMORE CITY HEALTH DEPARTMENT Registered \$2 8920 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARY DEATH > 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore oad Days 6. COLOR OR RACE | 7. SINGLE, MARRIED

Fe	make	white		ED, DIVORCED (Speci	Nov. 2 -	1898	5 3 thday	) Months	Days Hours Mi	n
10 work	done during most	CUPATION (Give kind of for froking life, even if retired)	10B. KIND	OF BUSINESS OR INDUST		E (State or foreign	n country)		CITIZEN OF WHAT COUNTR	3.3
(	Songe	STROKE	ber		14. MOTHER'S	MAIDEN NAME	VIASO	ON		
(Yes	, no or unknown)	D EVER IN U.S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO		seph	W. H	14/AI	Nd-SAM	1
ICATION	(This does heart failu injury or DISEASES RISE TO TI	EE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A)	'H f dying, e. g ns the discase aused death.  ES FANY, GIVING STATING TH	DUE TO MELL	Charles Charles Charles Charles	) fle.	nac nem		INTERVAL BETWE ONSET AND DEA	EI TI
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	0						
	194. DATE O	F OPERATION 1	SB. MAJOR	FINDINGS OF OP	ERATION .	XII	1110	//	20. AUTOPSY7	

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF BEATH 2 16. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? DF INJURY NOT WHILE

MEDICA

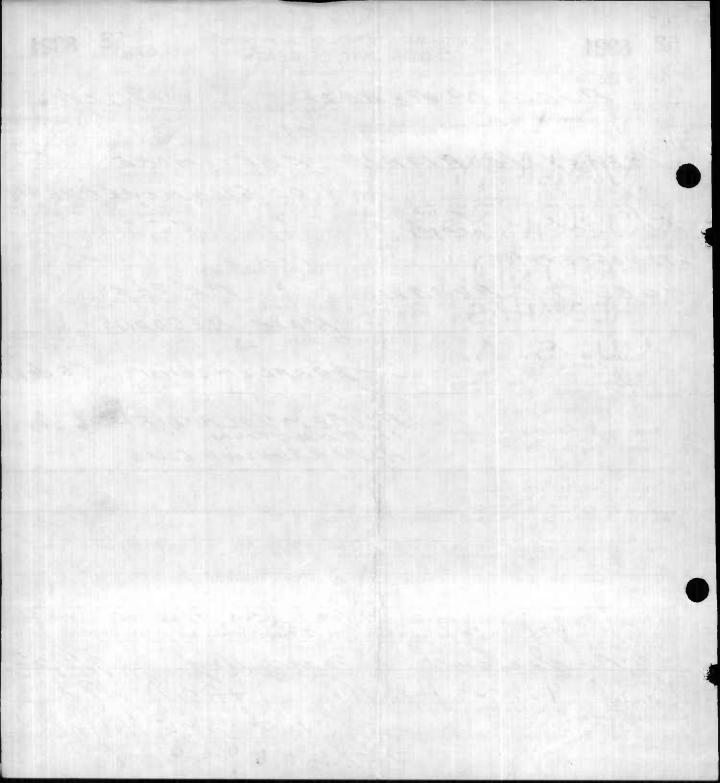
12 Thereby certify that I attended the deceased from. that I last saw the deceased alive on\_ and that death occurred at. 114m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C/DATE SIGNED

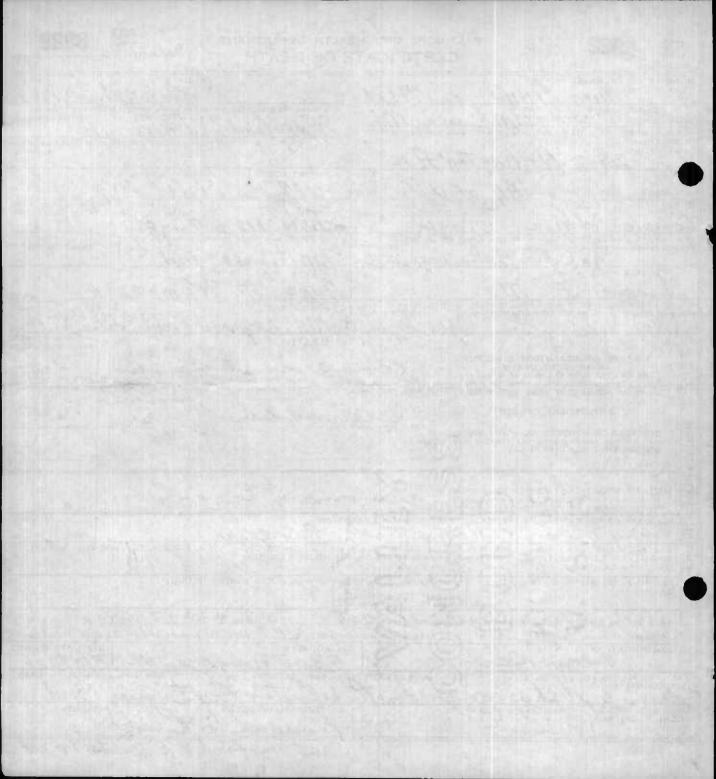
(If in Baltimore City, give exact location)

ION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR 24B. DATE LOCATION (City, town, or (State) Q Muria DATE RECEIVED BY REGISTRAR'S SIGNATURE PUNERAL-DIRECTOR ADDRESS LOCAL REGISTRAR

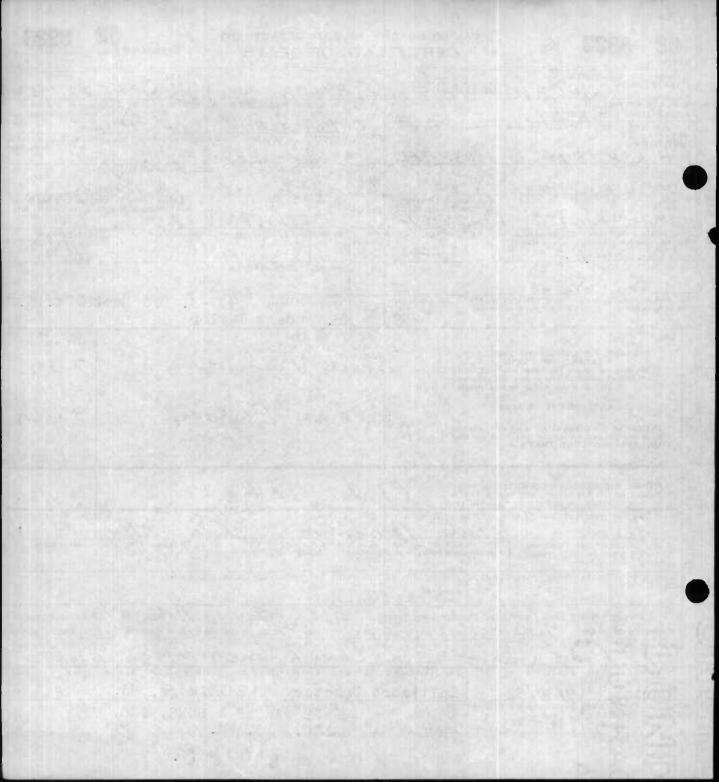
quating Meny Hop. Dr Pasano - Dignon Established A June ) Gration

Dr. MINTZER





4	60		4 -5	
	52 8923 BALTIMORE CITY HE CERTIFICATE		Registered No.	8923
	1. NAME OF DECEASED (Type or Print)  ARAH ELIZABETH  7	AYLOR	OF SEPT.	26,1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (When	re deceased lived. If insti	tution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND	BALTIMON	2E
	INSTITUTION //	c. CITY OR TOWN (If out	side corporate limits, wi	rite RURAL and give township)
oly.	CHURCH HOME & HOSPITAL YES.	D. STREET ADDRESS (If rur	al, give location)	
egibly	Length of stay in Baltimore / 1 V/S Mos. Days	936 0.00	eigh Bear	6
and	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,		. AGE (In years If Under	
y a	FEMALE WHITE MARRIED	7/17/1885	last birthday) Months	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work dough during most of working life, even if retired)	11. BIRTH LACE (State or foreign	gn country)   12.	CITIZEN OF WHAT COUNTRY?
cle	HOUSEWIFE at nome	Virginia		USA
death	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	FYANCIO	Jours	
ses of	(Yes, no op unknown) (If yes, give war or dates of service)   SECURITY NO	17. INFORMANT 337- Mr. Robert Taylo		AssPt. Ha.
causes	18. 584X CAUSE	OF DEATH	Pro-Service Control	INTERVAL BETWEEN ONSET AND DEATH
the (	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 F. 0		7 /211
write t	(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		/ anys	
	ANTECEDENT CAUSES	dias Failer		3 ./0
piease	DISEASES OR CONDITIONS, IF ANY, GIVING	ara e / autur		3 years
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
s cians.	0 (0)		***************************************	
SIC	OTHER SIGNIFICANT CONDITIONS CON-	//		
LID	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e cystitis	1	3 years
	194. DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	ATION, Choc	ellariages	20. AUTOPSY?
H	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	or 21c, WHERE DID (If is	a Baltimore City, give	YES NO L
Tod	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e		January City, give	caser location,
	_   21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY O	CCUR?	
	OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK			
20	22. I hereby certify that fattended the deceased from	9/8 195210	9/16 195 /1	at I last saw the
620	deceased alive on 9/16, 1912, and that death occur	red at 2 pm. from the	causes and on the d	ate stated above.
Q.		ADDRESS A	Many 8	DATE SIGNED
200	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCA	ATION (City, town, or c	ounty (State)
30	burial 9/30/52 Baltimore Co		more, Md.	
1110	DATE RECEIVED BY   REGISTRAR'S SIGNATURE			DRESS
6	LOCAL REGISTRAR H. A. ton Williams M.	HENRY SANDER & S	sons, INC,	1
	V5 150	A PARAGO	2. Kar	der
1	, 5 F 2 G	a grange	0	



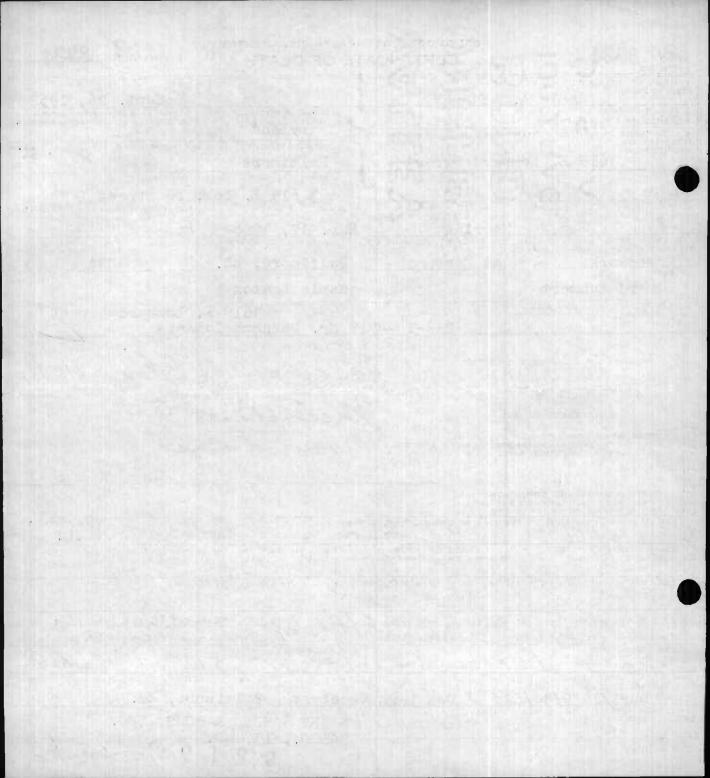
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8924 20 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE MARIE A. LAMMERS OF DEATHSEDT. 26, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3619 E. Lombard Street township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. life Length of stay in Baltimore E. 619 Lombard Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years I Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 17, 1906 46 Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework Baltimore, Md.
14. MOTHER'S MAIDEN NAME at home 13. FATHER'S NAME Edward Rehmert Marie Beaton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 3619 E. Lombardo Street SECURITY NO. no 4-14-4719 Mr. Bernard Lammers 18.153X INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Colon LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR EINDINGS OF OPERATION 20. AUTOPSY? EDICA unona 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 1950 to 10 22. I hereby certify that I attended the deceased from\_ 26, 195 2 that I last saw the deceased alive on Lego 125, 19 Dand that death occurred at 5 19m., from the causes and on the date stated above. 23A) SIGNATURE 23B. ADDRESS 239 DATE SIGNED 24 BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24D. LOCATION (City, town, or county) CREMATORY burial 9/30/52 Oak Lawn Cemetery DATE RECEIVED BY

LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

Baltimore, Md.

25. FUNERAL DIRECTOR SONS, INC. ADDRESS



5	2 8925 BALTIMORE CITY HI	E OF DEATH Registered No.	8925				
-	I. NAME OF DECEASED Type or Print) JOSEPH VERERI						
	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF Thot in hospital or institution, give street address or	7 7	n: residence fore admission)				
1	NOSPITAL OR NOSTITUTION NOSTITUTION Mercy Hospital		URAL and give township)				
A	Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)  804 Greenmount Avenue					
and le	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   1 Under I Year   Months: Day	s Hours Min.				
D 1	OA. USUAL OCCUPATION (Give kind of rk dope during most of working life, even if retired) INDUSTRY	11 BIRTHFLAGE (State or foreign country) 12. CITI	ZEN OF				
eath cle	3. FATHER'S NAME	14. MOTHER'S MADEN NAME	recogni				
p jo	(5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
te the causes	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)		RVAL BETWEEN				
s: please write	ANTECEDENT CAUSES  (B)  Coronary occlusion  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  Myocardial infarct						
Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20.	AUTOPSY?				
mportant.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (e.g., 1) ebout home, farm, factory, street, office bldg.,		location)				
d III							
especia	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the day s	on and from tated above, ined $\square$ .				
age is	23A. SIGNATURE  MILLIAM INTERPRETATION OF CEMETE  4A. BURIAL CREMA: 24B DATE 124C NAME OF CEMETE	23B. CHIEF MEDICAL EXAMINER	SIGNED 25, 1952				
orre	100, REMOVAL (Specify) Sept 29 52 M. Ca	Cray Con a. G. Course 25, FUNE PAL DIRECTOR ADDRESS	tutes.				
9	ED 29 1952 Hentington Williams N. 2	Mis Thur U. Eller H & Da	Lighter				
11	VS 151 6.73.55	1129 B. Charting St	V				

marind Sept 8, 1812 10. Tollerge Marcal Vagación and Lace I delle lesses ENERRY BUT CHAMILE OF GERAIN Market The Start 0659 47

52 8926

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

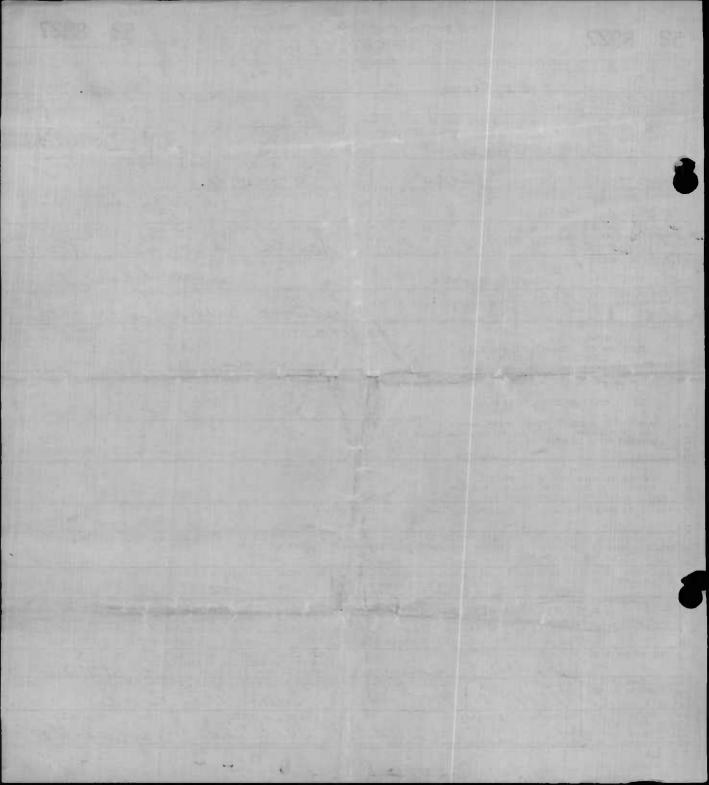
egistered 52 8926

		UNU		CERTIFICATI	E OF DEATH	Registered No	)
	NAME OF D	ECEACED					
(Ту	pe or Print)	ECEASED	75			2. DATE OF	
2	DI 465 OF D	P 4 P 1 1	Bernar	d Joseph Newbe	rger, Sr.		27-52
	Baltimore (	City, Maryland	Bal.	to.	4. USUAL RESIDENCE (	Where deceased lived, If in	before admission)
	ULL NAME		al or institut	ion, give street address or	Md.		,
HO	SPITAL OR STITUTION			location)		f outside corporate limits,	write RURAL and give
1144	STITOTION	St. Jos	sepn's i	Mospital	Baltimo	re, ma 26	township)
				Yrs.	D. STREET ADDRESS (1)	Frural give location)	
	lamenth of a	ham to Dalita	Lii	e Mos.	3716 Gough		
	sex	tay in Baltimore		Days			4.19
5. :		6. COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	last hirthday) Mont	nder   Year   It Under 24 lieurs the Days   Hours : Min.
	M	White		Married	10-8-97	54	
10/	. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)   1	2. CITIZEN OF
WOLF	Watchman	of working life, even if retired) ]	Bono	Bakery	Baltimore	NUMBER OF	WHAT COUNTRY?
13.	FATHER'S N				14. MOTHER'S MAIDEN N	IAME	
			Mourhone	ton		erine Sprink	
			Newberg	ger.	Oatin	erine obting	
15. (Yes.	mo or unknown)	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
`				32CON111 NO.	Ella Newberger	3716 Gough	Street
	18. 1/ 2 A	1		CALICE	-		INTERVAL BETWEEN
	400			CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH				
	(This does	not mean the mode	of dying, e. g	:, (A)	revery as	more	
	injury or	re, asthenia, etc. It mes complication which	ins the diseas	c, .) DUE TO			
		ANTECEDENT CAUS	SES				
6	DISEASES	***************************************					
ř	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
4	UNDERLI	ING CONDITION LA	AST.	(C)	***************************************	***************************************	
CERTIFICATION							
F	071150 0	11					
2		IGNIFICANT COND					
U.	TO THE O	SEASE OR CONDITION					
ال	19A. DATE O	F OPERATION 0	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL-							YES NO
ă	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	or 21C. WHERE DID	(If in Baltimore City, gi	ve exact location)
Ш	CAUSE OF	CONTRIBUTING	about home, I	arm, factory, street, onice bidg.,	INJURY OCCURY		
Σ.		Month) (Day) (Year	(Hour) 1	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	V OCCUP?	
	OF INJURY	, (200) (200)				i occoni	
			m.	WORK NOT WHILE			
	22. I hereh	y certify that I at	tended the	deceased from	19520	april 1952	that I last saw the
	deceased al			and that death occur	, 10, 00		
-	23A. SIGNAT		_, 184,		3B. ADDRESS	the causes and on the	23c. DATE SIGNED
	23A. 313NA	T W			34-20.89	L 80	250. DATE STONED
2.4	A D11D1A1 (	DE MAL DATE	TOM	м. о.	7700	CONTROL (City towns	712/13/
TIO	A. BURIAL, ON, REMOVAL (S	peck(y)		24c. NAME OF CEMETE	AT OR CREMATORY 24B. I	LOCATION (City, town, o	redunty) (State)
	Burial	L 19-30	52	0ak Lawn		Batimore, Md	•
DA	TE RECEIVE	BAR REGISTRAR	SSIGNATU	RE.	25. FUNERAL DIRECTOR		ADDRESS
LO	CAL REGIST	TAR A	retor 1	VH: 117	Lilly & Zeiler	Inc. 103 S. Wo	lfe St.
_		The Court of the Court of	1	SHALMING NIST	4 4	7-7 110.	

3 400 E. Balto ST

# CERTIFICATE OF DEATH SALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8927

BIRTH NO.									
1. NAME OF DECEASED (Type or Print)	THE STATE OF	2. DATE OF							
Henry Craham	1	DEATH 27 Sept. 1952							
a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY before admission)							
B. FULL NAME OF f not in hospital or institution,	1431	Maryland Baltimore							
INICTITION	4	c. CITY OR TOWN (If outside corporate limits, write DURAL and give twinship)							
530- archaed	Yrs.	D. STREET ADDRESS (If rural, give location)							
Length of stay in Baltimore Ulah	Mos.								
Length of stay in Baltimore  S. SEX   6. COLOR OR RACE   7. SINGLE, M	Days	8. DATE OF BIRTH   9. AGE (In years)   II Under 1 Year   II Under 24 Hours							
	DIVORCED (Specify)	last birthday) Months Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF							
Alborer Contr.	active.	South Carolina WHAT COUNTRY?							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
George Traham	1	clarkfield)							
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16	S. SOCIAL	17 INFORMANT OF ADDRESS VCA							
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	lictoria Graham 5212 As 637.							
18.002 X	CAUSE	OF DEATH							
DISEASE OR CONDITION DIRECTLY	CAUSE O	ONSET AND DEATH							
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Pulmarary Tuberculosis									
heart failure, asthenia, etc. It means the disease,		direction of the state of the s							
injury or complication which caused death.)	OUE TO								
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, IF ANY, GIVING	(8)								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO								
<b>4</b> 0	(C)								
OTHER SIGNIFICANT CONDITIONS CON-									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	NDINGS OF OPERA	TION 20. AUTOPSY?							
None		YES NO I							
	OF INJURY (e. g., in a	or   21c. WHERE DID (If in Baltimore City, give exact location)							
2 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		None							
210. TIME (Month) (Day) (Year) (Hour)   21E.	INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?							
OF INJURY None m. WHILI		None							
22. I certify that I took charge of the rem		ove, held an In spection thereon and from							
		Autopsy, Inspection or Inquiry							
		quiry, find that said deceased died on the day stated above, $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .							
23A. SIGNATURE		238 CHIEF MEDICAL EXAMINER   23c. DATE SIGNED							
Charles . T.	James M.E	D. MEDICAL INVESTIGATOR 9/27/52							
TION DEMOVAL (Specific)	NAME OF CEMETER	YOR CREMATORY 24D. LOCATION (City, town, or county) (State)							
Durial 130/62 1	net, aura	irn emet. Maryland.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS							
SEP REGITED I - to Millia	us. M.J.	V. Tralstead- 918 Aring Still be							
V S 151		2 2 2							
	97084	008 22 4							
	and the same								



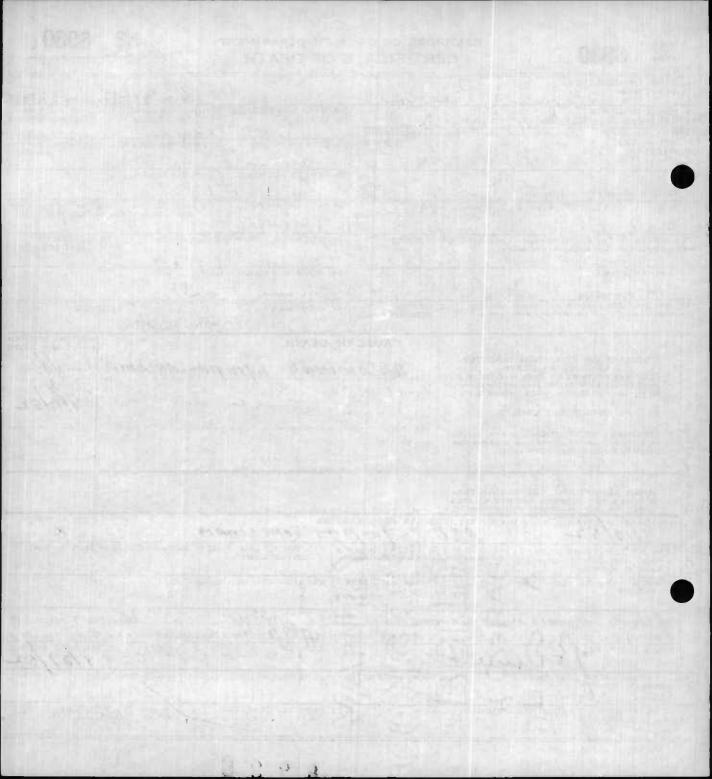
0	3 5 52 8928 RTH NO.	CE	CERTIFI	CATE	OF DE	ARTMEI	2 )- R	53	52	8928
1. (T;	NAME OF DECEASED ype or Print)		THOMAS	НС	RTON .	JR,		тнSept		
А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Alf not in hosp	ital or institu			A. STATE	Maryla	ind B.	COUNTY		tion: residence before admission
	St. Joseph <sup>1</sup>	s Hospi		ocation)	c. CITY OR	Baltin	ore	9-	nits wr te	township
Name and Address of the Owner, where	Length of stay in Baltimore		7	Yrs. Mos. Days		1328 A	(If rural, giv	Stree		
1	Male Colored  A. USUAL OCCUPATION (Give kind)	WIDO	WED, DIVORCED		8. DATE OF	- 191	34	03		ear Munder 24 Hours Min
work	done during most of working life, even if retired	10B. KIN	D OF BUSINESS	USTRY	14. MOTHER	mux	or foreign of u	A		HAT COUNTRY
15	HOMAS HORTO	N SA:	16. SOCIAL	4	Tuli 17. INFORM	CAR	RTER.	5.	ADDRES	55.
(100	(If yes, give war or da	M .	SECURIT	1	LULA F	RICH	ARDSON	V 148	24	TERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Coronary insufficiency								ON	NSET AND DEAT
	heart failure, asthenia, etc. It me injury or complication which	eans the discreta	ase,			***************************************		0070007007000000710000		***************************************
TION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	IF ANY, GIV	ING	lyocar	dial fa	Llure		•••••		
RTIFICA	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELAT	DN -							
L CE	19a. DATE OF OPERATION		R FINDINGS OF	OPERA	TION				1	O. AUTOPSY?
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH	about home	ACE OF INJURY				(If in Balt	imore City,	, give exa	act location)
ME	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour)		CCURREI T WHILE	21F. HOV	V DID INJ	URY OCCUR	?		
1	22. I certify that I took cho the evidence obtained by and death in my opinion	y said Aut	topsy, Inspection	on or In	quiry, find	Autor	Autopsy  sy, Inspection  d deceased  ide D hom	died on	the day	reon and from
	23A. SIGNATURE	Soci	<b>X</b>	M.E	23B. CHI ASSISTA	EF MEDIC. NT MEDIC INVESTIG	AL EXAMINE AL EXAMINE GATOR	R 2	Sept.	25. 1952
24	A. BURTAL, CREMA 24B. DATE N. REMOVAL (Specify)	112	PALTO	NAT.			ALTIME		n, or coun	oty) (State)
	CALREGISTRAN	* toy	VILIAMA-	M.P.	NILIAN	A. TA	C ISSUN	916 PEN	ADDR	AYE
V	S 151	0	97	1 50						1/

South Carrier and Carrier LABOREN. THE MAS PROBLEM SO No. C. JEETS CHATTER SE. KES LAKES ALL LUCK HENCHARDS A 19 SE N. JES

F.C. Higinbothom, Ellicott City, Md

Jack was to see its STATES THE STATE OF THE STATE O William Street, a something

2	524 8 RTH NO.	930			EALTH DEPARTMENT E OF DEATH	Registered No.	8930
	NAME OF Dippe or Print)	ECEASED	ad P	ickrell		OF DEATH Sexte	mber 27, 1952
A,	Baltimore C	City, Maryland	£ 14	2	4. USUAL RESIDENCE (V	Where deceased lived If ins	before admission)
H	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)		coutside corporate limits, w	rite RURAL and give township)
		JOHNS HOP		Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore	200	Days	Y.F.D.#		
5.	mule	White		E, MARRIED. /ED, DIVORCED (Specify)	7-15-46	9. AGE (In years li Und last birthday) Month	s Days Hours Min.
	doue during most o	CUPATION (Give kind of f working life, even if retired)	10B. KINE	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	NAME		1157	14. MOTHER'S MAIDEN N	AME 1	
	War	nen Piet	Rnell		anna F.	ealin	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
				0200	JOHNS HOP	KINS HOSPITAL	
	18. 199.	1 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	TH .	ARDO	MINAG LYMI	OHO SARLOMA	13_9/1/52
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the diseas	e,	7,000		
	injury or	complication which c	aused death	.) DUE TO			9/17/52
7		ANTECEDENT CAUS	ES	(5)			17.110
ERTIFICATION		OR CONDITIONS, I		1G			
.A⊤		ING CONDITION LA		(C)			
FIC							
RTI		II IGNIFICANT CONDI					
CEI		TO THE DEATH, BUT					
-	19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION SARCUM	•	20. AUTOPSY?
CA	9/17	132	1 21B BI	ACE OF INJURY (e.g.,		If in Baltimore City, give	YES NO L
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg.,		II III Battimore Oldy, give	caution,
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	7-17 1952, to	9-27, 1952,	
			_, 19_52,	and that death occur	rrea at zm., from t	the causes and on the	
	23A. SIGNAT	TURE 1 EUL	neen	A .	238. ADDRESS HOPKIN	VS HOSPITAL 1	9/27/52
24	A. BURIAL,	REMA 24B. DATE	1	M. D.   240 NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
110	ON REMOVAL (S	ef 9-30	52/	leter	I K	aris la le	. Va
	TE RECEIVE	RAR 11 0:	signati	VIII MIN MI	HOWET OF HUDDE	ard, 2503 Edm	ondson Ave
=	JEFZJ	1317	9	· concerne, in.			
	VC 150		0				
	VS 150		0	r 0 0 0	00995		



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

V15-183

52 8931 Registered No.

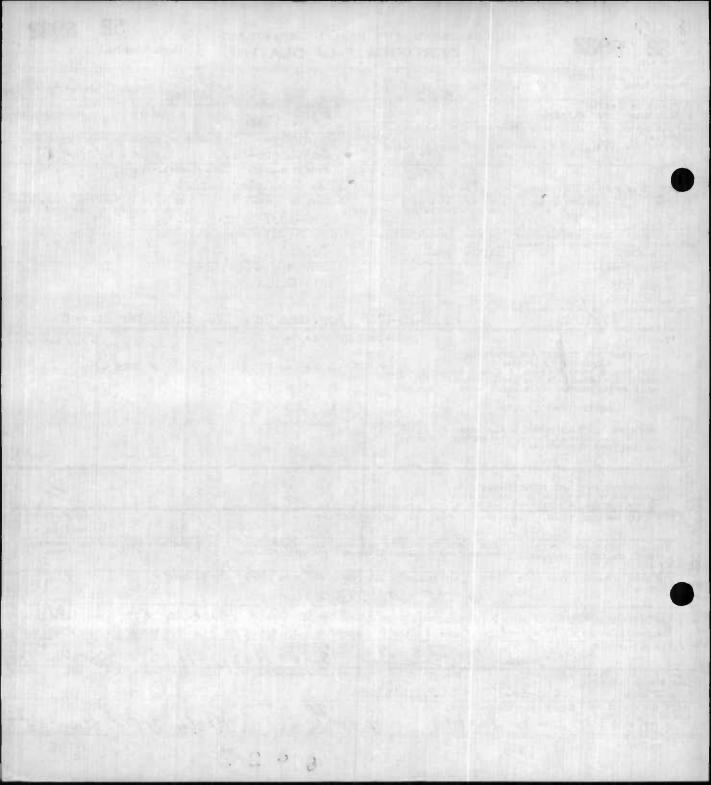
121	RIH NO.									
1. (T	NAME OF D ype or Print)	1000 . 0 .	PRITE	WINGATE		2. DATE OF DEATH	ex 27. 1952			
	Baltimore (	City, Maryland	U		4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	If institution: residence before admission)			
H	FULL NAME	OF (If not in ho	spital or institu	ation, give street address or location)	c. CITY OR TOWN	(T6	40			
IN	STITUTION	UNIV.	HASA	6	BAITI	MITH 10	mits, write RURAD and give (township)			
	1	0 // // /	1100	Yrs.	D. STREET ADDRESS	(If rural, give location)				
	Length of s	tay in Baltimore	e	Mos. Days	5233	TINDEN,	Heights			
5.	SEX	6. COLOR OR RAC		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.			
10	A USUAL OS	W		ARRIPO		101				
work	Hovs!		red)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S	NAME	531111		14. MOTHER'S MAIDE	N NAME	,			
15	WAS DESERTED	PIES N	INGA,	Te	MARTH	A PARK	5			
(Yes	, no or unknown)	D EVER IN U.S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	18. 331	× .		CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEAS	E OR CONDITIO	N DIRECTLY	0	-1 1 1 1/4	on 1	ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or complication which caused death.) DUE TO									
		ANTECEDENT CA	USES	24,	MERTENSI	0 2/				
O	DISEASES	OR CONDITIONS	S, IF ANY, GIVE	NG /			***************************************			
F	UNDERLY	HE ABOVE CAUSE (	(A) STATING T LAST.							
FIC				(C)	•••••••••••••••••••••••					
CERTIFICATION	OTHER S	IGNIFICANT CON	IDITIONS CO	N-						
CEI	TRIBUTING	TO THE DEATH, B	UT NOT RELAT	FD		•••••				
	19A. DATE C	F OPERATION	198. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?			
CA	214 ACCID	ENT WAS UNDER	21p PI	ACE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Poltimore City	yes No			
MEDICAL	LYING OF	R CONTRIBUTING DEATH	about home	, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		, give exact location)			
	2 1D. TIME	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR		JURY OCCUR?				
L,			m.	WHILE AT NOT WHILE AT WORK						
		y certify that I	attended the	e deceased from	9/27,195,40	9/27,19	5.4that I last saw the			
	deceased al		7, 19.5	and that death occur	red at 2 m., fro	om the causes and on	the date stated above.			
	234, 310147	Muchae	19.7	aley M. D.	Unw.	Word	9/27/5-L			
	A. BURIAL, C		EU	249 NAME OF CEMETE	RY OR CREMATORY 24	ID. LOCATION (City, to	vn, or county) (State)			
-110	7079		0-52	Cambridge		Cambridge, N	id.			
	TE RECEIVE	DAD	AR'S SIGNAT	URE /	HOWET THE DIRECT	bard, 2503 H	dmonds on Ave			
	SEP 29	1952	rhuglon	Valuacus, My			11 10			

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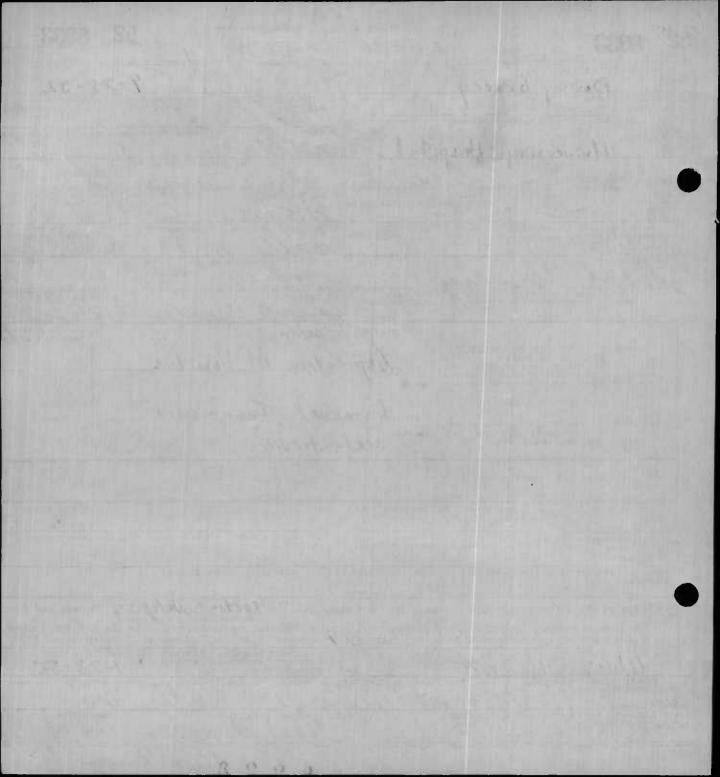
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED 2. DATE John TOPY (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RIMAL and give INSTITUTION Sind; Hospital of Bultimore Baltimore-31. D. STREET ADDRESS (If rural, give location) Mos. 1705 Lancaster Street length of stay in Baltimore Dsys 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | Winder | Year | Winder 24 Hours | Min. WIDOWED, DIVORCED (Specify) May 3-1897 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Karol Meat Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zofia Garza John Topa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Polish Mrs. Anna Topa 1705 Lancaster Street INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arterio scleratic heart disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disesse, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from September 78,95 to September 18, 1953 that I last saw the deceased alive on the tember 1895 and that death occurred at 9.45 a.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Sindi Hospital Jestem 18- 28 AS NAME OF CEMETERY OF CHEMATORY 246. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Oct 2-1952 St. Stanislaus 1300 Dundalk Ave 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

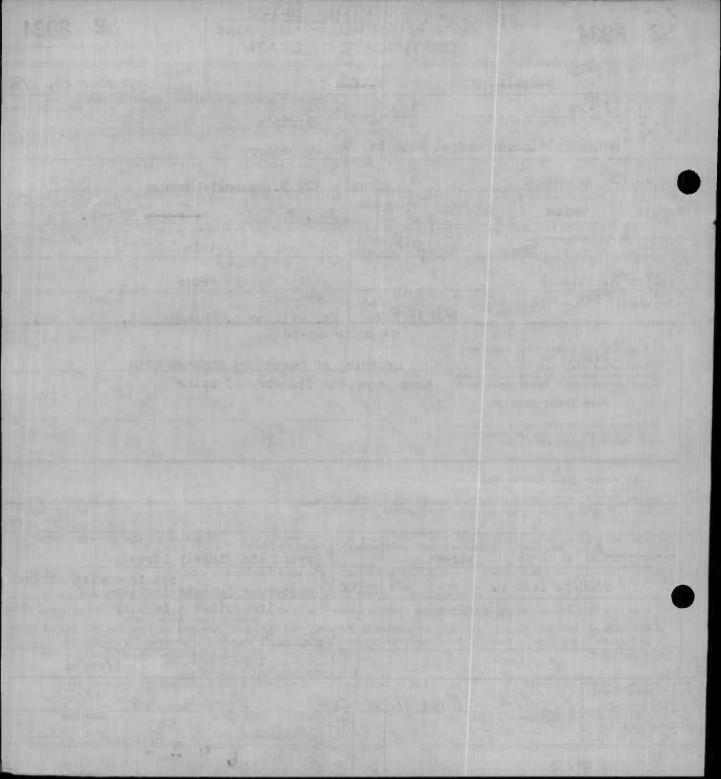


BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8933 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF braceu DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF if not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) 6. STREET ADDRESS Yrs. (If pural, give location) Mos. Length of stay in Baltimore Days Cormiler 9. AGE In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 7. SINGLE MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work defee during most of working life, even if retired) 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY many 13. FATHER'S NAME 14. MOTHER MAIDEN NAME . WAS DECFASED EVER IN U. S. ARMED FORCES? e. no or nnknewn) (If yee, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 18. CAUSÉ ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Of Vomitus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal Preumonia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE MalkutriVion UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an ILYYLA 554 thereon and from Autopsy, Inspection on Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes N, accident | , suicide | , homicide | , undetermined | 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR .... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY I 24D. LOCATION (City, town, or county 25. FUNERAL DIRECTOR ADDRESS REGISTRAR 151

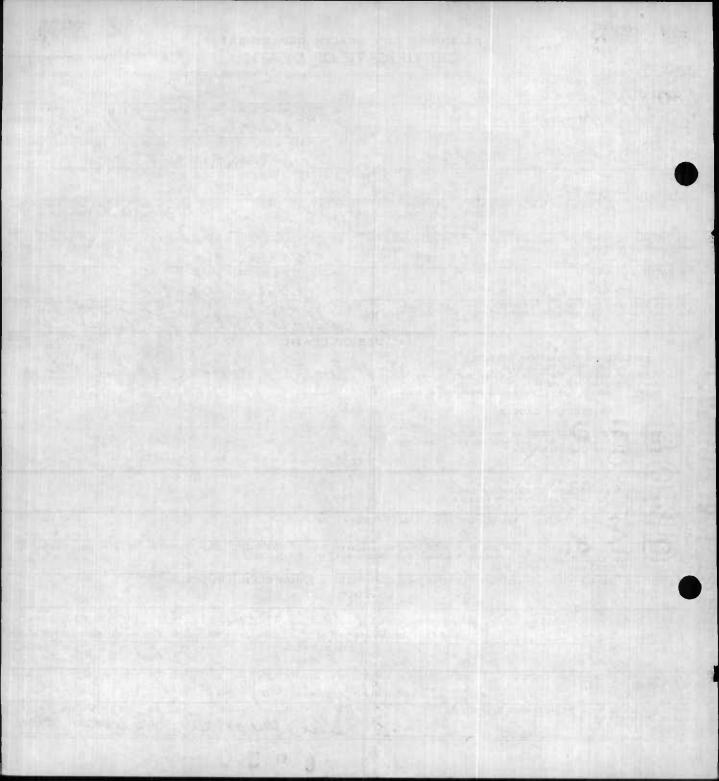


Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH September 28, 1952 ROSALIE - ROSA LEE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or Virginia HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Hospital Waynesboro D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Days 527 S. Magnolia Avenue 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED ast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White Female 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired). INDUSTR' WHAT COUNTRY Parnassas, Virginia 14. MOTHER'S MAIDEN NAME William M. Whisman Willie Myrtle Props 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. -14-9015 William M. Whiaman INTERVAL BETWEEN CAUSE OF DEATH 6.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing of chest and abdomen with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, xxxxx complete fracture of spine lnjury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office hldg., etc.) UTING CAUSE OF DEATH. street Bayard and Ridgely Streets 21F. HOW DID INJURY OCCUR? Collison with another 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY passenger in auto involved in 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24 B. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify CEM DAVE RECEIVED BY ADDRESS LOCAL REGISTRAR

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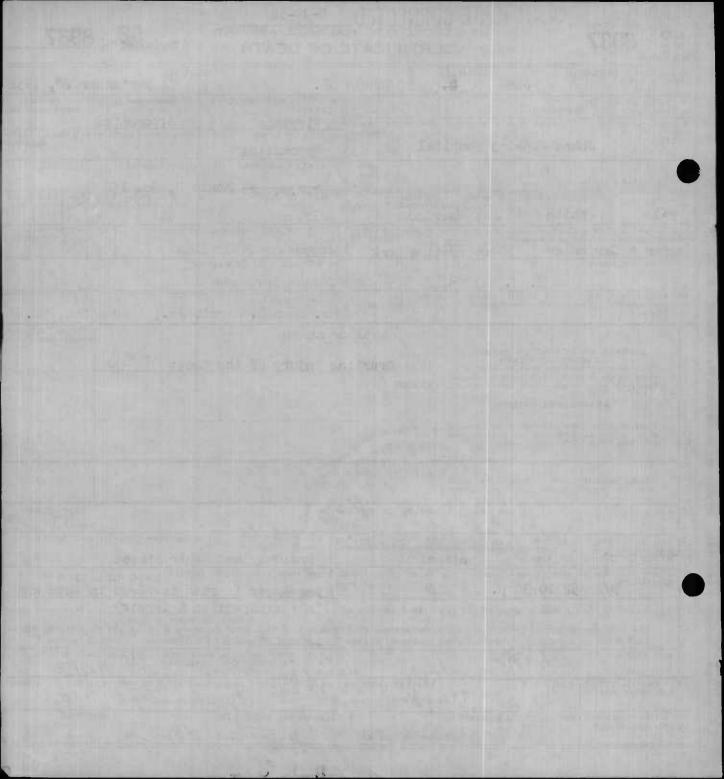
52 8935 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE APPRIN SUZANNE OF GRILL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. Af institution; residence B. COUNT The before A. Baltimore City, Maryland before admission) 1ARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION UNIVERSITY HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. COURT RQ. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Songle 10A/USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUST 11. BARTHELACE (State or foreign country) 12. CITIZEN OF / INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 204.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (0) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! WHILE AT 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 1952 to 1957, and that death occurred at Em., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Lonald 24A BURIAL CREMA-Unior DATE RECEIVED BY ADD RESS FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



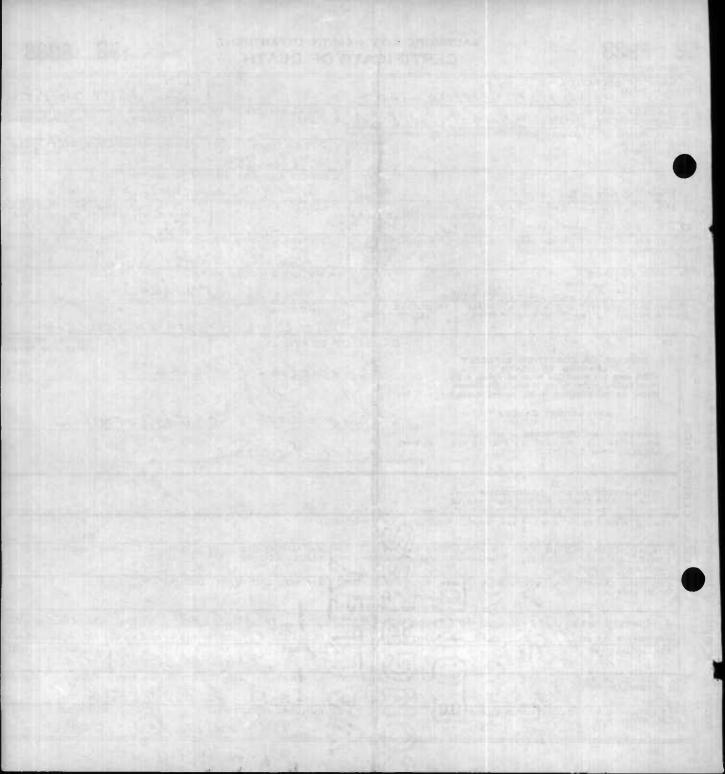
BALTIMORE CITY HEALTH DEPARTMENT 8936 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF VARI DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 1865 WIDOW 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? V.S.A. MOME HUSTRIA 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NONE 18.42010 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Washer Correct (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disense. MERT DISEASE injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARTERWI actory DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from MAY - 24, 1957, SUPT. 27, 1953, that I last saw the deceased alive on \$ 27, 19 62, and that death occurred at 6 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE 30 1952 DURIA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Juntinglow whalles-SED 29 195 VS 150 ME, KOYA / AVE

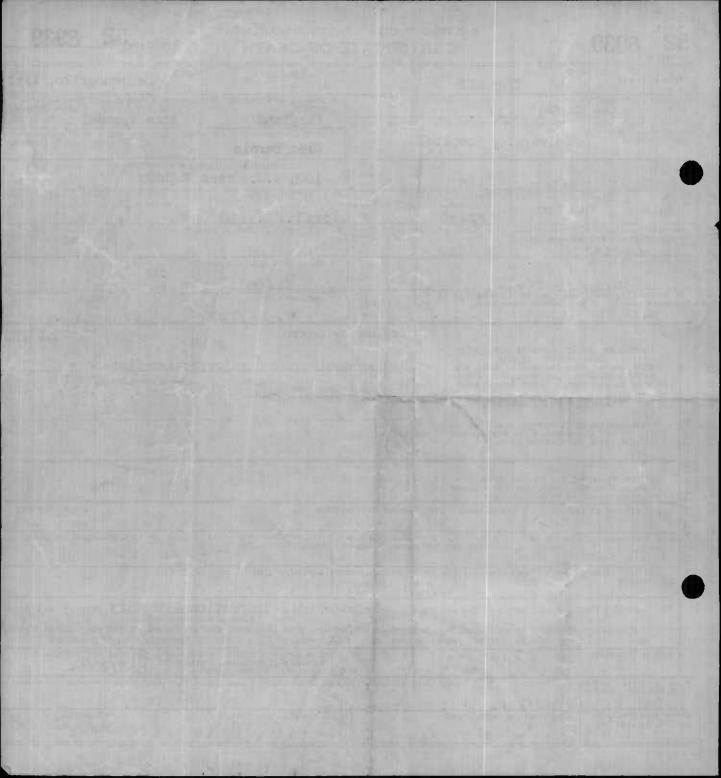
CONTRACTOR OF THE PARTY OF THE 8761 PMJ

Registered No. 8937 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH September 28, 1952 JOHN HARRIS SR. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) I'f not in hospital or institution, give street address or Virginia Appointtox B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Johns Hopkins Hospital Appomattox (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR OF RACE 9. AGE (In years | Women | Year | M Under 24 Hours last birthday) | Months Days | Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male White Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108 KIND OF BUSINESS OR clearly 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nw Farrer & Carpenter Appomattoc, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Z. N. Harris Joella Ferguson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. Mr. John D. Harris Jr., Appointtox. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Crushing Injury of the Chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES please RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID INJURY OCCUR? 218. PLACE OF INJURY (a.g., In or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH street Broadway and Eager Street 21F. HOW DID INJURY OCCUR? auto collison 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 28/52 10:30 p. passenger in auto involved in auto and especially 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $\Box$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 238. CHIEF MEDICAL EXAMINER ..... 2 23c, DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) correct DATE RECEIVED BY ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered 52 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2219 B. COUNTY A. STATE before admission) (If not in hospital or institution, give street nddress or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write NUR AL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Fores 16 2219 c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carden vascular DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE RTIFICAT UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE WORK 22. I hereby certify that I attended the deceased from Left 25 195 40 Rest 26, 1957that I last saw the 19 5 Zand that death occurred at 1.00 P.m., from the causes and on the date stated above. deceased alive on\_ 238. ADDRESS 23A. SIGNATURE 23C, DATE SIGNED 02 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

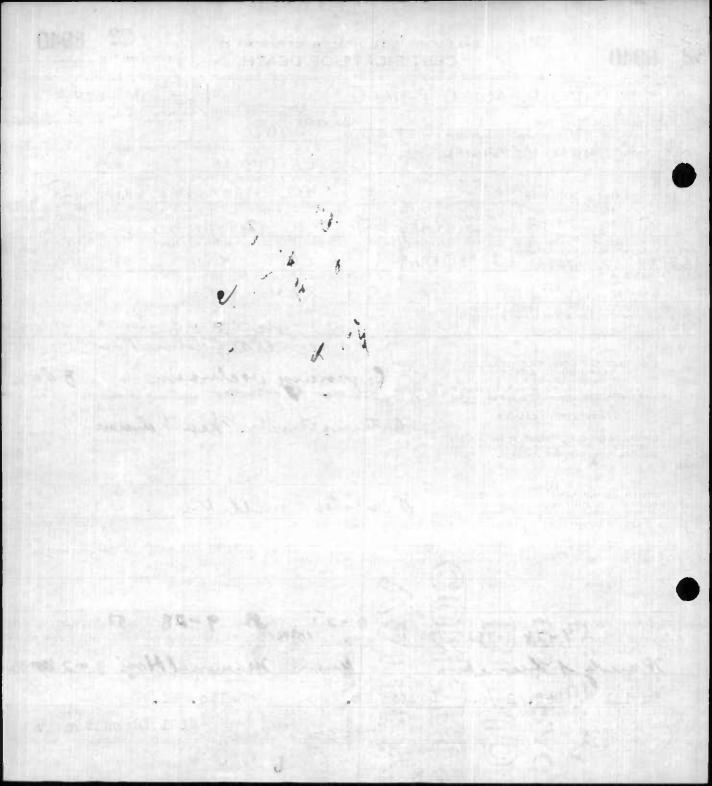




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2 8940
BIRTH NO.

### CERTIFICATE OF DEATH

В	RTH NO.							
1.	NAME OF D ype or Print)		HORNER	L TAPMAN		2. DATE OF DEATH	9-28-52	
A.		City, Maryland	**-1		A. STATE	here deceased I	NTY before admis	
H	FULL NAME OSPITAL OR ISTITUTION		EMORIA	HOS P.			te limits, write RURAL and town	d give
			1.00	Yrs.	D. STREET ADDRESS (If		tion)	
C.	Length of s	stay in Baltimore	LIFE	Mos. Days	412 WEST	SHIRE	DRIVE (28)	
5.	SEX	6. COLOR OR RAC	WIDOW	. MARRIED, ED, DIVORCED (Specify DOWED	7-20 - 82	9. AGE (In yolast birthd)	ears It Under 1 Year It Under 24 ay) Months Days Hours	Min.
		CUPATION (Give kind of working life, even if retire	4)	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12 CITIZEN OF WHAT COUN	ITRY?
R	EPRIG.	ENGINEEL	I KEFR	IGERATOR .	BALIO. M	D.	USA	
13	TOHA	-	4)	EGPT (M)	14. MOTHER'S MAIDEN NA			
15		ED EVER IN U. S. ARM		16. SOCIAL	SADIE HOL	NDER	4 44 55 55 55	,
(Ye	NK.	(If yes, give war or de	tes of service)	SECURITY NO.	Urs. Horothe	1M.	Gegner	
	18. 420	. o and a	260 X	CAUSE	OF DEATH 4803 6	oleherne	REPORTERVAL BETT	WEEN
		SE OR CONDITION	ATH	Con	ences vecle	u cin	S de	
	heart failt	s not mean the mode ure, asthenia, etc. It m complication which	eans the disease	2,				
		ANTECEDENT CAL	USES	CT		1.	0	
NO		S OR CONDITIONS	IF ANY, GIVIN	G	icalestu /	earl o	lessoni	••••••
ATION	RISE TO		IF ANY, GIVIN	G	ieselentu /	earto	legani	•••••
FIC	RISE TO	S OR CONDITIONS THE ABOVE CAUSE (/ YING CONDITION	IF ANY, GIVIN	G E DUE TO		earlo	lessoni	•••••
RTIFIC	RISE TO UNDERL	S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION  II SIGNIFICANT CON	IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON	(C)			lesemi	•••••••
FIC	OTHER :	S OR CONDITIONS, THE ABOVE CAUSE () YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON T NOT RELATE ON CAUSING I	(C)	etes melli			
L CERTIFIC	OTHER :	S OR CONDITIONS THE ABOVE CAUSE () YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU	IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON T NOT RELATE ON CAUSING I	(C)	etes melli		20. AUTOPS	
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AL CERTIFIC	OTHER: TRIBUTIN TO THE E	S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION ENT. SUICIDE.	DITIONS CONT NOT RELATE  19B. MAJOR	(C)	etes melli RATION in or   21c. WHERE DID (I	lts	20. AUTOPS	
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CAL CERTIFIC	OTHER: TRIBUTIN TO THE E 19A. DATE (  21A. ACCID HOMICIDE  21D. TIME OF INJURY	S OR CONDITIONS THE ABOVE CAUSE (I) YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BUDISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)  (Month) (Day) (Yes	DITIONS CONT NOT RELATEDN CAUSING 1 19B. MAJOR 21B. PLA about home, fe	CE OF INJURY (e. g., arm, factory, street, office bldg.	RATION  in or 21c. WHERE DID (I INJURY OCCUR?  RED 21f. HOW DID INJURY	f in Baltimore	20. AUTOPS YES No City, give exact location)	w the
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CAL CERTIFIC	OTHER: TRIBUTIN TO THE E  19A. DATE (  21A. ACCID HOMICIDE  21D. TIME OF INJURY  22. I heret deceased a  23A. SIGNA	SOR CONDITIONS THE ABOVE CAUSE () YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)  (Month) (Day) (Yea  Day certify that I avoid to the condition of the condition o	DITIONS CONT NOT RELATED CAUSING 1 19B. MAJOR  21B. PLA about home, fee 1 19 19 19 19 19 19 19 19 19 19 19 19 1	CE OF INJURY (e. g., arm, factory, street, office bldg.  21E. INJURY OCCURF WORK NOT WHILE AT NOT WHILE WORK AT WORK  deceased from 9  and that death occu	ration  in or 21c. Where DID (I INJURY OCCUR?  RED 21f. HOW DID INJURY  22 1, 19 460  rred at 10 Here, from to	f in Baltimore	20. AUTOPS YES No City, give exact location)  , 19 <b>52</b> , that I last sar d on the date stated al	w the
NEDICAL CERTIFIC	OTHER STRIBUTIN TO THE E 19A. DATE (COMMICIDE PROPERTY OF INJURY 22. I hereby deceased and 23A. SIGNA A. BURIAL.	S OR CONDITIONS THE ABOVE CAUSE (I) YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)  (Month) (Day) (Yes  THE CREW 24B. DATE SPECIFY 24B. DATE SPECIFY 24B. DATE SPECIFY 24B. DATE SPECIFY 24B. DATE	DITIONS CONT NOT RELATE TO CAUSING 1 19B. MAJOR  21B. PLA about home, fe about home, fe try (Hour)  ttended the 1952, (22 the control of the	CE OF INJURY (e. g., arm, factory, street, office bldg.  CIE. INJURY OCCURF AT WORK deceased from 4 and that death occur.  ALC. NAME OF CEMETIC.	ration  in or 21c. WHERE DID (I INJURY OCCUR?  RED 21f. HOW DID INJURY  22 1, 19 140  rred at 10 HPr., from to 236. ADDRESS  UNION MARKET DID (I INJURY OCCUR?)	f in Baltimore OCCUR?  -38 he causes and OCATION (City	20. AUTOPS YES No. City, give exact location)  , 1957, that I last sar d on the date stated all 23c. DATE SIG	w the
1EDICAL CERTIFIC	OTHER: TRIBUTIN TO THE E  19A. DATE OF  21A. ACCID HOMICIDE  21D. TIME OF INJURY  22. I heret deceased a  23A. SIGNA  4A. BURIAL ON, REMOVAL (6)  BUTIS	SOR CONDITIONS THE ABOVE CAUSE (A YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION  ENT. SUICIDE, (Specify)  (Month) (Day) (Yes  Dy certify that I a dive on  TURE  CRENA- Specify)  24B. DATE  CRENA- Specify  OCt.	DITIONS CONT NOT RELATE DITIONS CONT NOT RELATE 19B. MAJOR  21B. PLA about home, fe r) (Hour) 2 2 52 2 52	CE OF INJURY (e. g., farm, factory, street, office bldg.  21E. INJURY OCCURF NOT WHILE AT NOT WHILE WORK AT WORK deceased from 9 and that death occur.  24C. NAME OF CEMETIC LOUGON Pk	RATION  in or   21c. WHERE DID (I INJURY OCCUR?  RED   21f. HOW DID INJURY   1   1   1   1   1   1   1   1   1	f in Baltimore OCCUR?  -28 he causes an	20. AUTOPS YES NO City, give exact location)  city, give exact location)  that I last sand on the date stated all 23c. DATE SIG	w the
I IN REDICAL CERTIFIC	OTHER STRIBUTIN TO THE E 19A. DATE (COMMICIDE PROPERTY OF INJURY 22. I hereby deceased and 23A. SIGNA A. BURIAL.	S OR CONDITIONS THE ABOVE CAUSE (I) YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION  ENT. SUICIDE, (Specify)  (Month) (Day) (Yes  THE CREEK) SPECIFY  OCT  ED BY   REGISTRA	DITIONS CONT NOT RELATE TO CAUSING 1 19B. MAJOR  21B. PLA about home, fe about home, fe try (Hour)  ttended the 1952, (22 the control of the	CE OF INJURY (e. g., farm, factory, street, office bldg.  21E. INJURY OCCURF NOT WHILE AT NOT WHILE WORK AT WORK deceased from 9 and that death occur.  24C. NAME OF CEMETIC LOUGON Pk	ration  in or 21c. WHERE DID (I INJURY OCCUR?  RED 21f. HOW DID INJURY  22 1, 19 140  rred at 10 HPr., from to 236. ADDRESS  UNION MARKET DID (I INJURY OCCUR?)	f in Baltimore OCCUR?  -28 he causes and OCATION (City)	20. AUTOPS YES No City, give exact location)  , 1957, that I last sar d on the date stated all 23c. DATE SIG	w the
I IN REDICAL CERTIFIC	OTHER TRIBUTIN TO THE E 19A. DATE (COMMICIDE OF INJURY 22. I herebed acceased a 23A. SIGNA Was as BURIAL ON, REMOVAL (Buris ATE RECEIVE OCAL REGIST SEP 20	S OR CONDITIONS THE ABOVE CAUSE (I) YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION  ENT. SUICIDE, (Specify)  (Month) (Day) (Yes  THE CREEK) SPECIFY  OCT  ED BY   REGISTRA	DITIONS CONT NOT RELATE DITIONS CONT NOT RELATE 19B. MAJOR  21B. PLA about home, fe r) (Hour) 2 2 52 2 52	CE OF INJURY (e. g., farm, factory, street, office bldg.  21E. INJURY OCCURF NOT WHILE AT NOT WHILE WORK AT WORK deceased from 9 and that death occur.  24C. NAME OF CEMETIC LOUGON Pk	RATION  in or   21c. WHERE DID (I INJURY OCCUR?  RED   21f. HOW DID INJURY   1   1   1   1   1   1   1   1   1	f in Baltimore OCCUR?  -28 he causes and OCATION (City)	20. AUTOPS YES NO City, give exact location)  -, 1957 that I last sar d on the date stated at 23c. DATE SIG y, tewn, or county)  (St	w the
I IN REDICAL CERTIFIC	OTHER: TRIBUTIN TO THE E  19A. DATE (  21A. ACCID HOMICIDE  21D. TIME OF INJURY  22. I heret deceased a  23A. SIGNA  4A. BURIAL, ON. REMOVAL ( Buris ATE RECEIVE	S OR CONDITIONS THE ABOVE CAUSE (I) YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION  ENT. SUICIDE, (Specify)  (Month) (Day) (Yes  THE CREEK) SPECIFY  OCT  ED BY   REGISTRA	DITIONS CONT NOT RELATE DITIONS CONT NOT RELATE 19B. MAJOR  21B. PLA about home, fe r) (Hour) 2 2 52 2 52	CE OF INJURY (e. g., farm, factory, street, office bldg.  21E. INJURY OCCURF NOT WHILE AT NOT WHILE WORK AT WORK deceased from 9 and that death occur.  24C. NAME OF CEMETIC LOUGON Pk	RATION  in or   21c. WHERE DID (I INJURY OCCUR?  RED   21f. HOW DID INJURY   1   1   1   1   1   1   1   1   1	f in Baltimore OCCUR?  -28 he causes and OCATION (City)	20. AUTOPS YES NO City, give exact location)  -, 1957 that I last sar d on the date stated at 23c. DATE SIG y, tewn, or county)  (St	w the



### BALTIMORE CITY HEALTH DEPARTMENT

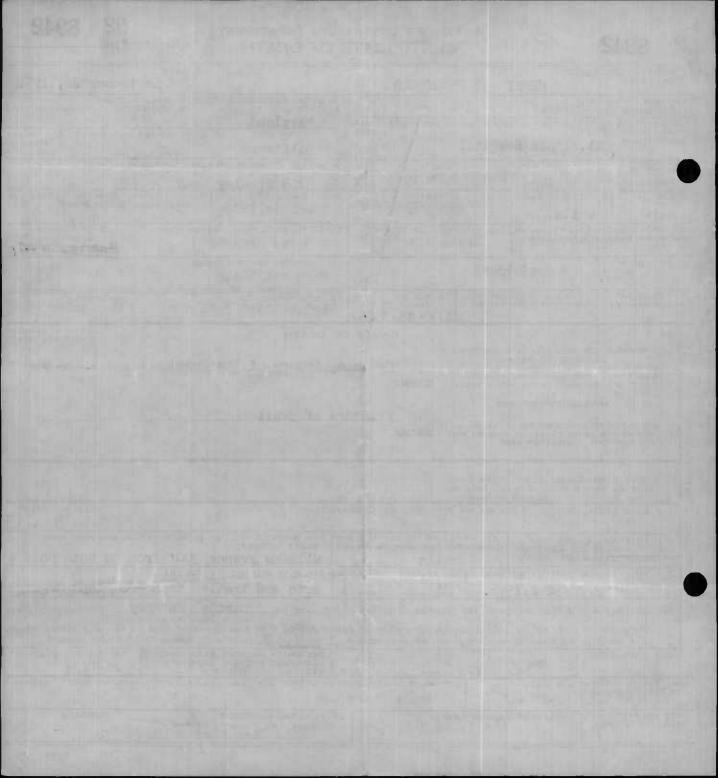
BIRTH NO.	CLITTICATI	E OF DEATH
1. NAME OF DECEASED (Type or Print) Leo H	ayden	2. DATE OF DEATH Sept. 28, 1952
B. FULL NAME OF (If not in hospital OR INSTITUTION St. Agnes Ho	or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)  C. CITY OR TOWN (If outside corporate limits write RUBAL and give Baltimore)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  3203 Stanley Road
Male White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In years if Under I Year Indee of Indee of
work done during most of working life, even if retired) Chauffeur	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME Thomas Hayden	Deceased	14. MOTHER'S MAIDEN NAME Mary Tansey deceased
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give wer or detes of	of service) SECURITY NO.	17. INFORMANT ADDRESS rs.Pearl Hayden, 3202 Stanley Rd.
Z O LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	dying, e.g., s the disease, used death.)  DUE TO  ANY, GIVING STATING THE  DUE TO	Las des persons safe is Advised. Calo lando de see
OTHER SIGNIFICANT CONDIT	OT RELATED	ileles mellitis
A AL	B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (1) OF INJURY	Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
23A. SIGNATURE	1955, and that death occur	red at 500 m., from the causes and on the date stated above.  38. ADDRESS 23C. DATE SIGNED
24A. BURIAL. CREMA: 24B. DATE TION, REMOVAL (Specify) Burial Oct. 1/2	248 NAME OF CEMETE 248 NAME OF CEMETE 248 NAME OF CEMETE	1/1/2
	SIGNATURE!	25. FUNERAL DIRECTOR 4101 Edmondson Ave
VS 150	68254	0034

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	The Paris of the State of the S
declared West, Stema	Characteristics of the Characteristics

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N			
1. NAME OF DECEASED (Type or Print) HENR	Y PEDDICORD		2. DATE OF Septem	ber 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (				
B. FULL NAME OF f not in hospit HOSPITAL OR	tal or institution, give street address or location)		f outside corporate limite	, s, write RURAL and give		
St. Agnes H		Baltimore	5-3-00	township)		
Length of stay in Baltimore	Halethorpe Balto Mon Days	Md 3209 Stanley	rural, give location)			
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	March I4 I9I8?		onths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Truck BldgINDUSTRY	11. BIRTHPLACE (State or i Balto City M		12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Henry a Pedd	icord	14. MOTHER'S MAIDEN N Margaret Niser				
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. 2/3~05-8641	17. INFORMANT Vivian Lloyd Pr	ddicord 3209	Stanley Rd		
LEADING TO DEA  (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAU.  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	of dying, e.g., ans the disease, caused death.)  SES  (B)Fracti ETANY, GIVING STATING THE AST. (C)	ing Injury of the	Chest			
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
V 21A. EXTERNAL CAUSE WAS UNDERLYING NO OR CONTRIB-	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e		If in Baltimore City, g	ive exact location)		
W DTING CAUSE OF DEATH.	Street	Wilkens Avenu				
21D. TIME (Month) (Day) (Year of INJURY 9/26/52 2:1	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK			lison 25 52		
the evidence obtained by	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection of the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased diand death in my opinion resulted from: natural causes , accident , suicide , homic					
23A. SIGNATURE	Strolen M	238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER	26/52		
24A. BURIAL. CREMA- TION, REMOVAL (STEELY) BUTIAL 9-30: -	52 Medow Ridge		OCATION (City, town, Wash Blvd Howa			
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	Jon Williams, M.P.	25 FUNERAL DIRECTOR	lvd Balto 30 !	ADDRESS		
V S 151 N 86	N804.7 685	35		V		

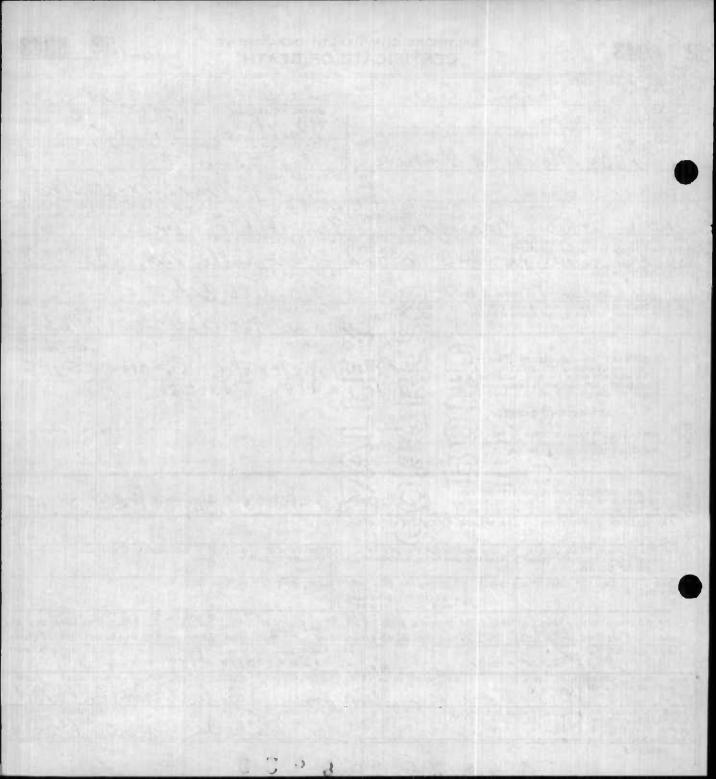


1624 52 8943 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 8943

BI	RTH NO.							
1. (T	NAME OF D	Clago	att Ly	les Mi	rshall	2. DATE OF DEATH	9-28	-52
	Baltimore C	eath: lity, Maryland	0		4. USUAL RESIDENCE	E (Where deceased I		ion: residence before admission)
HO	FULL NAME	OF (If not in hospita	al or institution, gi	ve street address or location)	C. CITY OR TOWN	(If outside co pora	te limit, w te	RERAL and give
IN	STITUTION	09 North	milto	ware.	Balti	outside copora	te rame, water	township)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give locat	(2n).	1
The same	Length of st	6. COLOR OR RACE	7. SINGLE, MAI	Days	1609 8. DATE OF BIRTH	9. AGE (In yo	Rultor ears     Under   Y	ear   If Under 24 Hours
	Male	White	WIDOWED, D	IVORCED (Specify)	mar. 1618			ays Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of f working life oven if retired)	10B. KIND OF E	BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		TIZEN OF
16	tered Le	legraph musto	B10	Railions	Catorier	elle-mos	1. 21	HAT COUNTRY!
13	. FATHER'S	ANE	0 00		14. MOTHER'S MAIDE	N NAME		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?   16.	SOCIAL	Harrie	syles		
(Yes	s, no or unknown)	(If yes, give war or dates		SECURITY NO.	no and Phy	ushall-	1609 M.	milton Con
	18.422	.1 .	420,2	CAUSE	OF DEATH			TERVAL BETWEEN
	DISEAS	E OR CONDITION		Anto	riosc/ero7	tic Care		SUNS.
	heart failui	not mean the mode of re, asthenia, etc. It mean	f dying, e.g., as the disease,	1103		isedse	110-	37/
		complication which c		DUE TO VY	- CIOF V	*26036		
z		ANTECEDENT CAUS		(B)	***************************************			
TION	RISE TO TH	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	DUE TO				***************************************
CA	ONDENE	ING CONDITION EX	· ·	(C)	***************************************			*******************************
TIF	OTHER 6	III	TIONS		1-1			
CERTI	TRIBUTING	GNIFICANT CONDITO THE DEATH, BUT I SEASE OR CONDITION	NOT RELATED CAUSING IT.	Cerebra	Jelerosi	s, Angina	Pertons	5 4 ms.
AL	19A. DATE O	F OPERATION 0 1		DINGS OF OPER			2	O. AUTOPSY?
EDICAL		ENT WAS UNDER.		FINJURY (e. g., in tory, street, office bidg., e		(If in Baltimore		
	21D. TIME (	Month) (Day) (Year)	(Hour)   21E. II	NJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?		
	OF INJURY		m. WHILE A					
	22. I hereby	certify that I att	ended the deced	used from W				I last saw the
	deceased al	ive on Sept. 22	, 19 d and t		red at 50 Hm., fro	om the causes and		e stated above.
	an.	Y. Fam	mer 1	м. р.	1015hetida	in Due.	9/	29/52
24 TIC	A. BURIAL, CON, REMOVAL (S	pecify) .	5-2 240.		RY OR CREMATORY 24	D. LOCATION (City	, town, or cour	(State)
DA	TE RECEIVED	BY   REGISTRAR'S	SIGNATURE	my reo	25. FUNERAL DIRECT	OR OR	ADDF	RESS
2	FD 2919	159 Hunting	ton Willia	us, M.P.	oka C. Mille	Nuc - 24	135 €.	Oliver It
	VS 150	O		360	500000			
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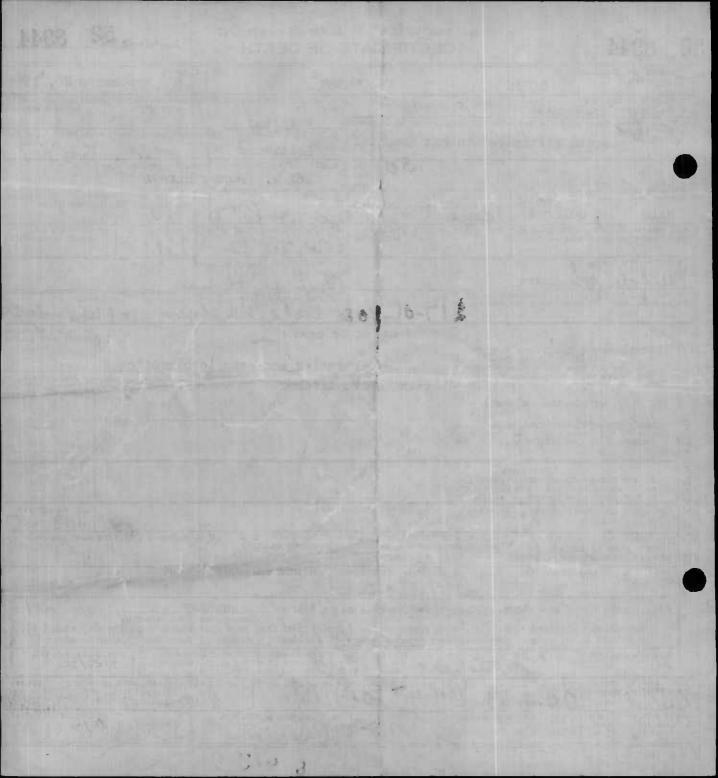


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8944

	BI	RTH NO.			
	1. (T;	NAME OF DECEASED  ype or Print) LOUIS JOHN	SON	OF September	er 26, 1952
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V		
	HC	FULL NAME OF If not in hospital or institution, give street address or location) SSPITAL OR STITUTION South Baltimore General Hospital	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limits, w	ite RURAL and give township)
I		Length of stay in Baltimore  70 Yrs. Mos. Days	D. STREET ADDRESS (If		
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DAVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	
	10.	Male Colored Manuel  A. USUAL OCCUPATION (Givekindof) IOB, KIND OF BUSINESS OR	11. B RTHPLACE (State or fo	preign country   12.	CITIZEN OF
		done during most of working life, even if retired)	Ceinet Co	Mar	WHAT COUNTRY
	n	Whord Johnson	Matha Hua	AME CONTRACTOR	
	15 (Yes	. WAS ECCASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY, NO. (If yes, give war or dates of service)	17. INFORMANT	Mans 1612	Ly tenla, W
		DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	ensive and arter; disease		INTERVAL BETWEEN ONSET AND DEATH
	7		••••••		***************************************
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
	ERTIFIC,	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	2	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
-	EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		f in Baltimore City, give	
		210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE OF INJURY   WHILE AT   NOT WHILE AT WORK   AT WORK	D 21F. HOW DID INJURY	OCCUR?	
		22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	Autopsy, nquiry, find that said de	Inspection or Inquiry eceased died on the de □, homicide □, unde	termined $\square$ .
		KATisher M.	D. MEDICAL INVESTIGAT	OR 9/2	6/52
	19	N. REMOVAL (Specify) OCK 53 CONNE OF COMMENTS	Yrlof.	Balls Wel	
		CAL REGISTRAR TURE TURE TURE TURE TURE TURE TURE TUR	25. FUNERAL DIRECTOR	1:39-14 Ham	lang Ct.
	V	S 151	् ह वीड १	)	1



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with the tribers of death clearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 8945

BIRTH NS945 CERTIFICAT	E OF DEATH Registered No.	
I. NAME OF DECEASED	2. DATE	
LAURA V. MURNACHAN	DEATH Sept. 27, 1952	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: resider A. STATE B. COUNTY before adm	nee nission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR DOCATION)		
INSTITUTION Ellinger Nursing Home	C. CITT OR TOWN (II outside corporate intere write AURA) an	nd give vnship)
1913 Eutaw Place	Baltimore D. STREET ADDRESS (If rural, give location)	
Mos.		
c. Length of stay in Baltimore  Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		24 Hours
WIDOWED, DIVORCED (Specify	last birthday)   Months Days   Hours	Min.
female white widowed  10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	June 30, 1865   87	
work done during most of working life, even if retired)   INDUSTRY	( WHAT COU	NTRY?
housewife at home 13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	
Coloh Coite		
Caleb Seitz  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	Catherine Trogler	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Ella Murnaghan-8425 Pleasant Pla	-ina
10 1/5		
7000	OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH GENE	CRALIZED ARTERIOSCLEROSIS 6 mos.	
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,		• • • • • • • • • • • • • • • • • • • •
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
	utrition moderate sev mo	nth
OTHER SIGNIFICANT CONDITIONS CON-	DIAC WEAKNESS sev. m	ont
	Sev. II	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		
21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g.,		NO X
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	injury occur?	,
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR OF INJURY	21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from Ja	n , 1952 to Sept. 27, 1952, that I last sa	on the
deceased alive on 9-26 1952 and that death occur	rred at 4:00A, from the causes and on the date stated of	above.
23A. SIGNATURE (7) 1/1 (2)	23B. ADDRESS 23C. DATE SIG	
	2431 MARYLAND AVENUE 9-29-52	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (	State)
Burial 9/30/52 , New Cathedr		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS	
SEP 29 1051	Im. J. Vickner & sais	RAIN
VS 150	1 / Al mai	

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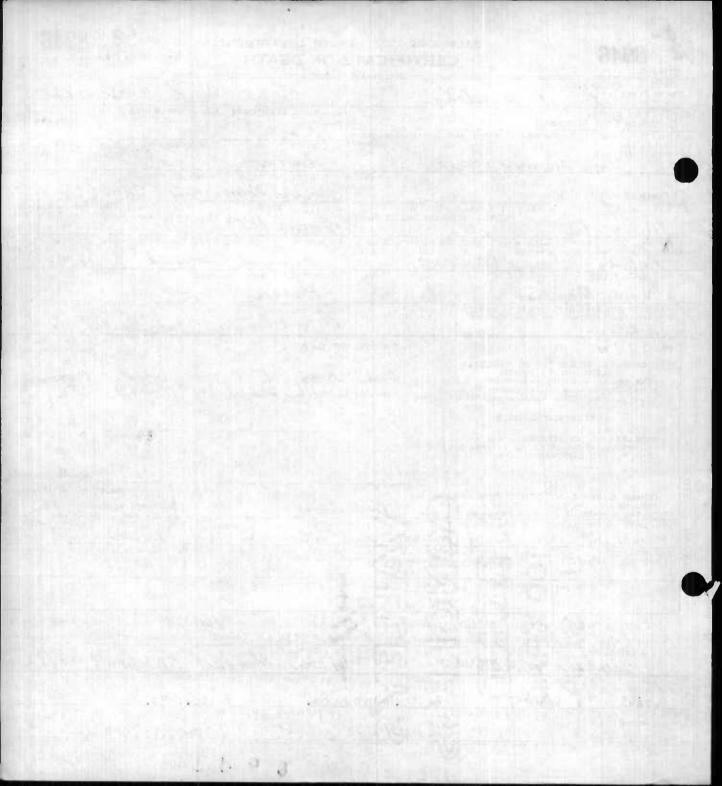
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8946

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 28 Sept 195 2 Roland Bendann. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) (If outside corporate Imits, write RERAL and give INSTITUTION township) 34/tomore Union Memorial Hospital. D. STREET ADDRESS (If rural, give location) Yrs. Sheraton Belvedere Notel - Chase @ Charles St. c. Length of stay in Baltimore Days 9. AGE (In years | M Under 1 Year | H Under 24 Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 18 March 1883 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13a / priore Maryland. Art Dealer Ketmed. USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MI Bendann Pauline Seliger David 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 20 or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unk. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 27th day DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO MUSTEL HAL'C injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) 11 summer in black OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED hims, Begins M Can May Jan 1 Sh TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION Jept. LAN des Contains YES infilhation 218. PLACE OF INJURY (e. g., in or | 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 216. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from April 27th, 19, to Cept, 24, 19 12, that I last saw the deceased alige on Late. 19 Late, and that death occurred at 6:30 am., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA/ TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Burial Balto. Hebrew Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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inpurant. Invitants: please write the causes of death clearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT

U/	RTH NO.			CERTIFICAT	E OF DEATH	Registere	d No	
1.	NAME OF D		V. ERIC	DRAKE		2. DATE OF	Sent	27 105
	PLACE OF D Baltimore (		4. DIGO	DICKNES	4. USUAL RESIDENCE	DEATH  (Where deceased lived B, COUNTY	. If institution	27, 1952 n: residence of ore admission)
B. Ho	FULL NAME OSPITAL OR STITUTION		al or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corporate l	mits, write	LIFAL and give township)
	£)	303 Goodwoo	od Gard		Baltimore	6-1	- 1	(township)
	T 11 0			Yrs. Mos.	303 Goodwood		)	
	Length of s	tay in Baltimore	7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	I It Under 1 Year	If Under 24 Hours
	male	white	WIDOW	ED DIVIORCED IC ICA	Aug. 28, 1902	last highday)	Months Day	Hours Min.
10 work	done during most of Executiv	CUPATION (Give kind of f working life, even if retired)		of Business or INDUSTRY acutical Mfgr.	11. BIRTHPLACE (State England	or foreign country)	12. CITI WHA	ZEN OF AT COUNTRY
13	. FATHER'S	AME			14. MOTHER'S MAIDEN	NAME		
		Henry Drake			Ellen Lowrey			
15 (Yes	. WAS DECEASE s, no or unknown) NO	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Elvira	K. Drake - 30	ADDRESS 3 Goods	ward Gard
RTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, III HE ABOVE CAUSE (A) 'ING CONDITION LA	f dying, e.g ns the diseas aused death SES F ANY, GIVIN STATING TH ST.	(B)	temolino	elisan como a	i.	
CER	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D				
AL	19A. DATE C	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. YES	AUTOPSY?
PEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i		(If in Baltimore Cit	y, give exact	location)
	21D. TIME OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?		
1	22. I hereh	y certify that I att			1946 to	Sent 19	52 that I	last saw the
	deceased al	ive on Sans 27	1952	and that death occur	rred at 2 35 cm., fro	m the causes and or	n the date s	stated above
	23 SIGNA	E B. Bue	h		3B. ADDRESS			ATE SIGNED
24	A. BURIAL. (S	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, to	wn, or county	(State)
	Cremat	ion 9/30/52		Greenmount C	rematory Ba	lto. Md.		
L	TE RECEIVE CAL REGIST EP 291	RAR 1	s signatu		25 FUNERAL DIRECTO		Appre	ss Vo
	VS 150		0	5 290	49	Botto	17'	Md-

ner same locality for THE RELEASE OF THE PERSON OF T District Sens - was - - - walking the 

1	196		
-4	BALTIMORE	ITY HEALTH DEPARTMENT	59 00:40
5	2 8948 CERTIF	ICATE OF DEATH Registered	52 8948
_	RTH NO. NAME OF DECEASED		
(7	(ype or Print)	P. T. WER OF Q.	26-52
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived,	
	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY	before admission
H	FULL NAME OF (If not in hospital or institution, give street OSPITAL OR ISTITUTION	1	nits, vrite RURAL and giv
	1) Women's Hospital	Baltimore	township
		Yrs. D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore 35 Hears	Days 1224 Delwood Ale	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCI	O (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINE	7-30-9/ 55	
10W		S OR DUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. 4.2,0
	# A + B	7	forus.
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		oque
(Ye	s, oo or uokoown) (If yee, give war or dates of service) SECUR	TY NO. 17. INFORMANT	ADDRESS . W.
-	18. 200.1	AUSE OF DEATH	INTERVAL BETWEEN
10	DISEASE OR CONDITION DIRECTLY	AGGE OF BEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	muchical brought on an amount	
	heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
z	)		
12	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
V	UNDERLYING CONDITION LAST. (C)		
RTIFICATION	II .		
R	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TO THE DISEASE OR CONDITION CAUSING IT.		
با	19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
DICAL	21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJU	Y (e.g., ie or   21c. WHERE DID (If in Baltimore Cit.	y, give exact location)
ED	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, stree  CAUSE OF DEATH		y, Bive chart sociation,
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY	OCCURRED 21F, HOW DID INJURY OCCUR?	3
	OF INJURY WHILE AT	NOT WHILE	
	m. work	AT WORK   1	63 12 22
	22. I hereby certify that I attended the deceased freedeceased alive on 195, and that de	th occurred at 2000 m., from the causes and or	that I last saw the
	23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
	Ushert hungers,	40 Women's I hap. Rati hed	9126/52

24c HAME OF CEMETERY OR CREMATORY

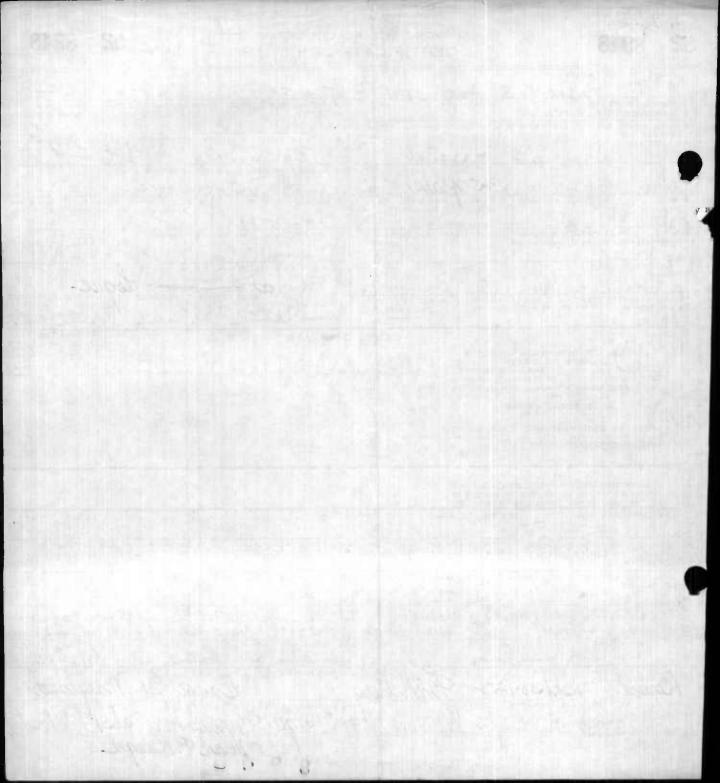
25 FUNERAL DIRECTOR

Carroll (Coly, town or county) (S)

DATE RECEIVED BY LOCAL REGISTRAR SEP 29 195

24A BURIAL CREMA-TION OF MOVAL Specify)

REGISTRAR'S SIGNATURE



3 6 4 0 52 8949

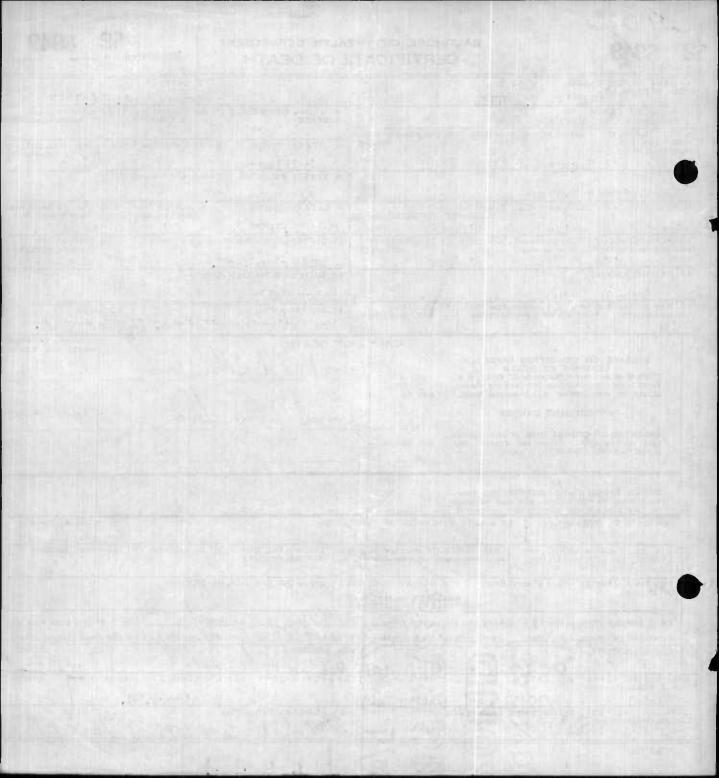
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

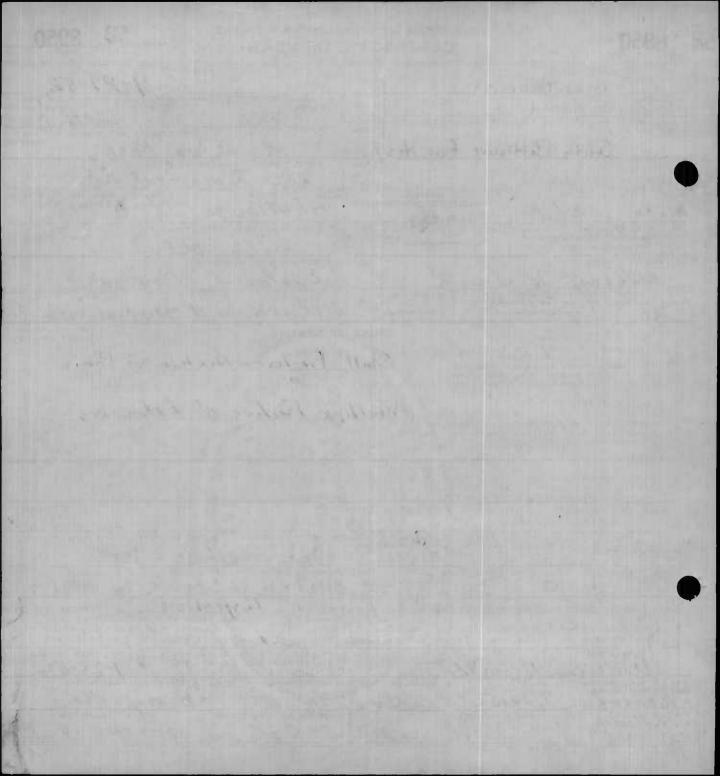
Registered No. 8949

BI	RTH NO.			OEITH TOTT	_ 0. D_/(1)		
	NAME OF D	DECEASED				2. DATE	
(1	ype or Print)	MINNIE V.	BURL			OF DEATH Ser	t. 26.1952
	PLACE OF E	City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN		imits, write RURAL and give
1	6	43 Harvey Str	eet		Baltimor	e 44	C C (Witship)
	Longth of s	tow in Police		Yrs. Mos.		SS (If rural, give location	)
	SEX	stay in Baltimore	7 SINGL	Days	8. DATE OF BIRTH	9. AGE (In years	s If Under 1 Year   If Under 24 Hours
				E, MARRIED, VED, DIVORCED (Specify)			Months Days Hours Min.
10	emale	White CUPATION (Give kind of	LOB KIND	OF BUSINESS OR	Oct 16,1877	tate or foreign country)	12. CITIZEN OF
worl	done during most	of working life, even if retired)		INDUSTRY		ouve or roreign country)	WHAT COUNTRY?
	Housew		At	home	Cumberland	. Md.	
13	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
	Samu	el Penn			Nancy Tally		
15 (Ye	, NAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(20	No	(11 ) 30 ) 31 0 1 2 3 3	201 201 1200)	SECURITY NO.	Mrs Catheri	ne Williams, 64	13 Harvey St.
	18. 23	r v		CALISE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIDECTIV	CAUSE	DEATH /	1/ /	DNSET AND DEATH
		LEADING TO DEAT	ГН	(	nebra /	Thrombers	12 hours
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the diseas				
	injury or	complication which	aused death	.) DUE TD		1	
		ANTECEDENT CAUS	ES	a	neral ate	Tai sela ai	11-15-
Z				(B)	may we	ur z un mo	
2	RISE TO T	S OR CONDITIONS, IN	STATING TH	IE DUE TO			
A	UNDERL	YING CONDITION LA	ST.	(C)			
10							***************************************
RTIFICATION		П					
ER		SIGNIFICANT CONDI					
ū		ISEASE OR CONDITION	- 1				
	19A. DATE	OF OPERATION O	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
O			1 00 00		1.01	76 1 70 111 (71)	YES ND
EDICA		R CONTRIBUTING DEATH	ebout home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DI	R?	ty, give exact location)
	21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK L AT WORK	1041	D. m. 21 ch	(~)
		by certify that Latt	())		0., 12	//	955, that I last saw the
	deceased a	ومناسخت الأكار الكالم والكارات	19 - 4	and that death occur		from the causes and o	n the date stated above.
	23A. ŞIĞNA	TORE	126 0	7.0 M.D.	642 Na	4.21-1	9-29-54
2	AA. BURIAL.	CREMA- 248. DATE Specify)	/	24c. NAME OF CEMETE	RY DR CREMATORY	24D. LOCATION (City, to	own, or county) (State)
1	Burial	9/30/5	2	Loudon Park		Baltimore, M	1.
	ATE RECEIVE	D BY   REGISTRAR			25 SUNERAL DIRE	TYOR	ADDRESS
Lo	SEP S			Villiams, M.J.	Im ook	Juc 1219 S	Toul ST
	VS 150			/	1		7

1 9 5 9 6 0 0 8 9 4 4



55	5	30	21/100			HEALTH DEPA		t Registere	. 895 	50
	1.	NAME OF DE	3		ERTIFICA	TE OF DEA	TH	2. DATE	No. Co.	
	3.	PLACE OF DE. Baltimore Ci		nith		4. USUAL RES	IDENCE (Who	OF DEATH 9-	If institution:	
7.7	B. He	FULL NAME O OSPITAL OR ISTITUTION		al or institution,	give street address location	or 7	WN (If ot	C	Bulto.	AL and give
oly.		5	buth Isaldi	more be	Yrs	D. STREET ADI	DRESS (If re	fal, give location)	rK	township
d legibly	5.		y in Baltimore	7. SINGLE. M	Mor Day ARRIAD, DIVORGED Speci	8. DATE OF BII		AGE (In years	If Under I Year Months: Days H	f Under 24 Hours
ly and	10	Mala DA. USUAL OCCI	Whitz UPATION (Give kind of vorking life, even if retired)	Sing	BUSINESS OR INDUSTI	11. BIRTHPLAC	E (State or fore	4	12. CITIZEI	N OF
clearly		FATHER'S NA			INDUSTI		MAIDEN NAM	nd.	WHAT	COUNTRY
death	15	. WAS DECEASED	ever IN U. S. ARMED	FORCES?   16	S. SOCIAL	Evel.	ya V.	Wooda	vard	
ses of	(Ye	No	(If yes, give war or date	of service)	SECURITY NO	Wilbert.	N. Smet	# 330 K		
write the causes		DISEASE (This does a heart failure	OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mea complication which of	TH f dying, e.g., ns the disease.		OF DEATH	c- Ava	Asian of	ONSET	L BETWEEN
please	CATION	DISEASES RISE TO THE	NTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	F ANY, GIVING STATING THE	(B) Mu/	liph Frace	4es 01	Exten	un dies	
Physicians:	CERTIFIC	TRIBUTING 1	II SNIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION OPERATION   1 1	NOT RELATED CAUSING IT.	NDINGS OF OP	RATION			20 AU	TOPSY?
	ICAL	21a. EXTERNA	L CAUSE WAS	218. PLACE	OF INJURY (e. g	, in or   21c. WHERE		n Baltim oit	et des be	No X
important.	MED	UTING CA	USE OF DEATH.	(Hour) 21E.	STYCET	RED 21F. HOW D	ord HUDURY	V - '	or ST.	/
ially			that I took char	p.m. while	RK AT WOR		Fusacca	ruck b	thereon	and from
espec		the evide	ence obtained by	said Autopsy	. Inspection or	Inquiry, find the	Autopsy, Ins at said dece	pection or Inquir ased died on homicide	y the day stat	ed above
age is		23A. SIGNATU	lian Uhle	with		238. CHIEF ASSISTANT M.D. MEDICAL IN	MEDICAL EXA MEDICAL EXA NVESTIGATOR	AMINER	9-28-5	
correct a		Burial OF	248. DATE	,	radow 1	Ridge	24D, LOC	DOTOEY	n, or county)	(State)
[00]		CAL REGISTRA	IR II	ton Will	aus M.Z.	WM Con		12175	ADDRESS + Paul	st
	V	\$ 151 /	-804.76	7 1.502			704	1		Laure

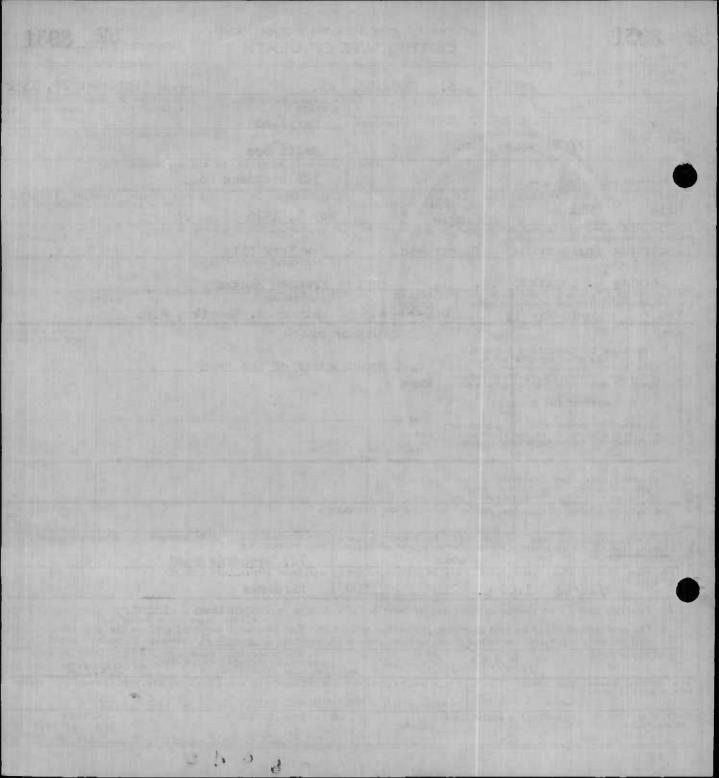


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

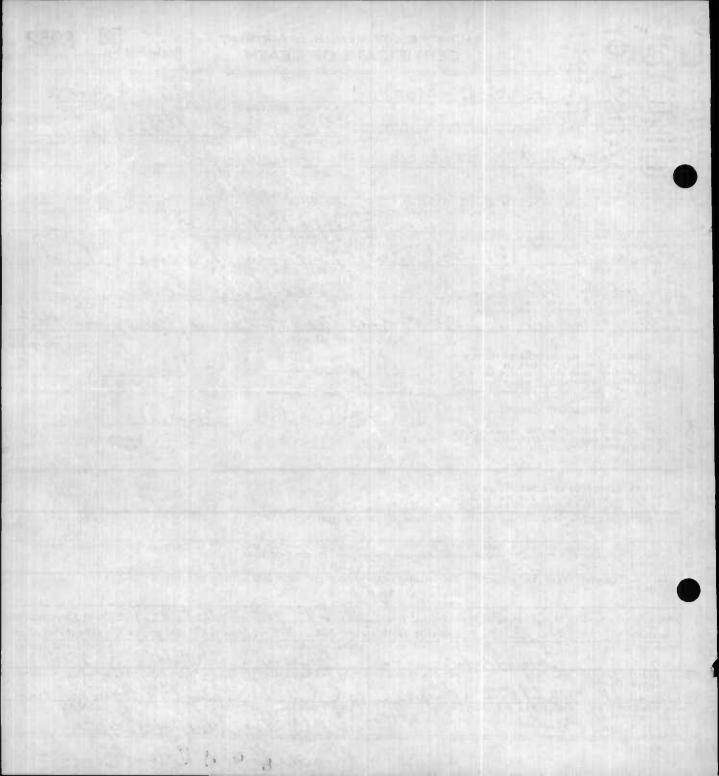
Registered 52 8951

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)  ANTHONY	S. BOGATKO,	JR.	2. DATE	ember 28, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (		
B. FULL NAME OF 'f not in hospital or institut				
HOSPITAL OR INSTITUTION 727 Decades Decade	location	c. CITY OR TOWN (I	f outside corporate limits	s, write RURAL and give
727 Deepdene Road	1	Baltimore	1 10	township)
	Yrs.	D. STREET ADDRESS (If		1
Length of stay in Baltimore	Mos. Days	727 Deepdene	Road	
5. SEX   6. COLOR OR RACE   7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If	Under 1 Year   If Under 24 Hours
Male white	VED, DIVORCED (Specify)	May 1, 1926	26	nths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
work done during most of working life, even if retired)  Electronic Engineering Ele	INDUSTRY	None Wards Of the		WHAT COUNTRY?
13. FATHER'S NAME	ectronics	New York City 14. MOTHER'S MAIDEN N	AME	U.S.A.
	11/			
Anthony S. Bogatko, M.D.  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1 40 00014	Frances Hacker		
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		DDRESS
Yes   World War II	064-20-9419	Anthony S. Bog	atko, M.D.	
18. E976X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				DNSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.		wound of the he	be	
heart failure, asthonia, ctc. It means the diseasinjury or complication which caused death	se.	9		********
injury of complication which caused death	n.) BINEASO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	***************************************	***************************************	
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TD			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  I OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IN THE DISEASE OR	(C)		***************************************	
<u>ii</u>				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE				
	π			
	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PLA UNDERLYING OR CONTRIB. about home, UTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)		Loss Williams Din (	Ta t D lut Gu	YES ND
O 21A. EXTERNAL CAUSE WAS 21B. PLA	ACE OF INJURY (e. g., in farm, fac <b>tory</b> , street, office bldg., c	tc.) INJURY OCCUR?	If in Baltimore City, g	ive exact location)
UTING CAUSE OF DEATH.	ome	727 Deepden	e Road	
OF IN HIDV	2 IE. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
9/28/52 1:00 pm.	WHILE AT NOT WHILE	firearms		
22. I certify that I took charge of the			ion & inquime	therean and from
		Autopsy,	Inspection or Inquiry	
the evidence obtained by said Auto and death in my opinion resulted f	opsy, Inspection or I	nquiry, find that said d	eceased died on the	e day stated above,
23A. SIGNATURE		238. CHIEF MEDICAL		
MATTA	akan-	ASSISTANT MEDICAL	EXAMINER	/29/52
24A. BURIAL, GREMA- 24B. DAVE	24c. NAME OF CEMETER	D. MEDICAL INVESTIGAT	OCATION (City, town,	or county) (State)
TION, REMOVAL (Specify)				1/ 1
	ROSEHILL ME		LINDEN	WDDBEEC.
LOCAL REGISTRAR	Wisher M.J.	25. FUNERAL DIRECTOR	0	ADDRESS
3EP 29 332 1		Word tucken	er d Sons	Mould la la
VS 151 N 803.4	048 30	40890	Ó	V



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) oseph DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION Yrs. (If reral, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs If Under 1 Year 5. SEX 6. COLOR, OR RACE | 7. SINGLE, MARRIED BIRTH 9. AGE (in years) last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (GivekIndet) 108 KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY Unles 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If year give war or dates of sorvice) SECURITY NO. con INTERVAL BETWEEN CAUSE OF DEATH 4201/ DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK Lect. 29, 1952 that I last saw the 22. I hereby certify that I attended the deceased from Sept. . 1952, to\_ deceased alive on Sept. 29, 1962, and that death occurred at 7:30 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE ay 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C/NAME OF CEMETERY OR CREMATORY sures DATE RECEIVED BY REGISTRAR'S SIGNATURE! untinglow Williams, M.J. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR SEP 29 195 VS 150

V5 150



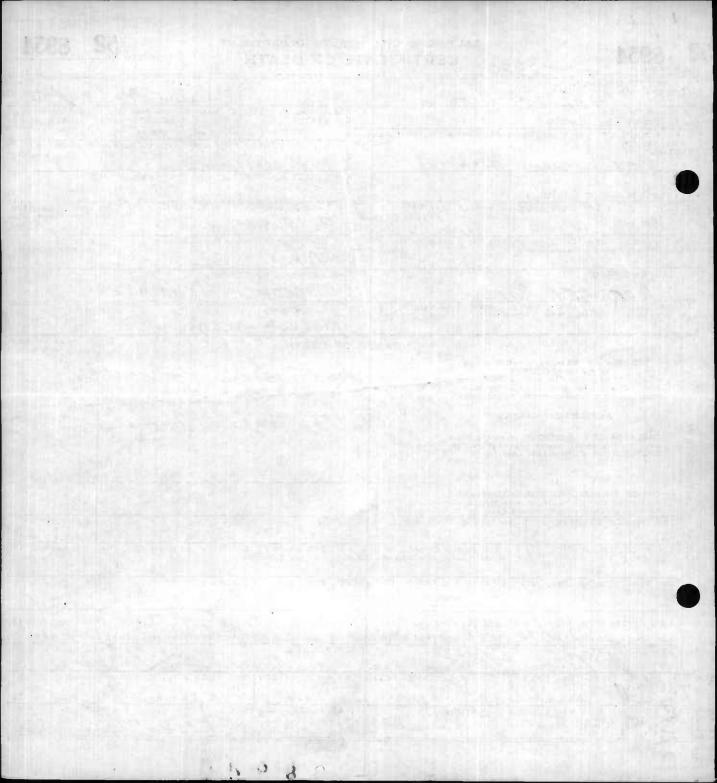
comments of death clearify and legibly.

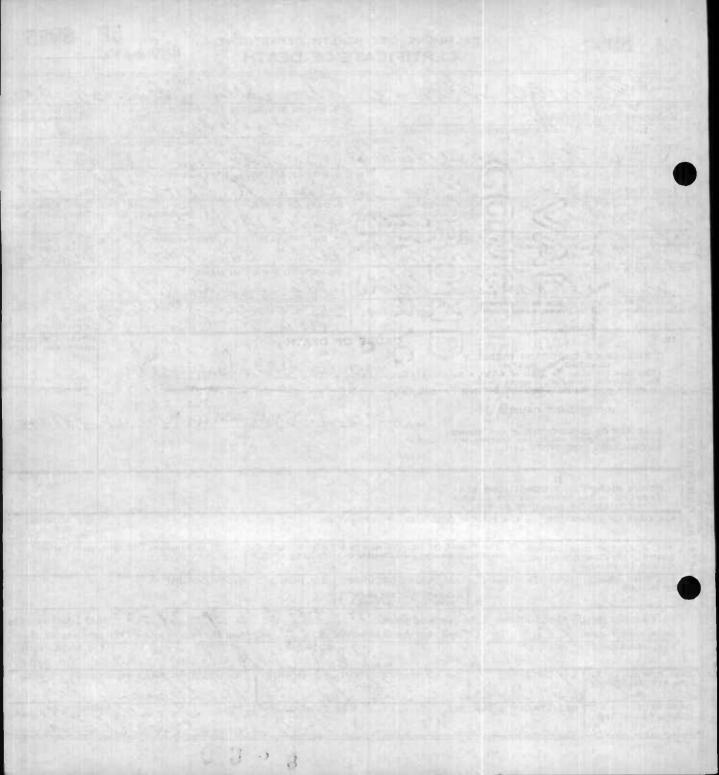
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8953

BIRTH NO.				*				
1. NAME OF DECEASED (Type or Print)		WIDTAIN		2. DATE OF Cont	20 1052			
B. FULL NAME OF (If HOSPITAL OR U.S. INSTITUTION	not in hospital or institu Public Healt	ution, give street address or Service location)						
Wyman Pk. Driv	ve & 31st Str	Yrs.		65 (If rural, give location)	· · · · · · · · · · · · · · · · · · ·			
Length of stay in B	artimore	l days Mos.	41	ain Street				
M	W Wigo		3/25/84		under 1 Year II Under 24 Hours nths Days Hours Min.			
10A. USUAL OCCUPATIO work done during most of working life Captain	N (Give kind of 10B. KIN s, even if retired)	D OF BUSINESS OR INDUSTRY Seafarer		cate or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA			
James B. V	Vright		Josephine					
15. WAS DECEASED EVER IN (Yes, no or nnknown) (If yes, g	U, S. ARMED FORCES? give wer or dates of service)	16. SOCIAL SECURITY NO. 235-26-3080	17. INFORMANT Records- U	S PHS Hospital, Ba	DDRESS			
Z DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON ULL COTHER SIGNIFICA	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR	CONDITION CAUSING		ATION		20. AUTOPSY?			
LYING OR CONTRI	21a. ACCIDENT WAS UNDER.   21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, gluent bone, form, factory, street, office bldg., etc.)   INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK								
22. I hereby certify deceased alive on 23A. SIGNATURE J.A. Hunter	A. Hunte	and that death occur	red at 9 125P m.,	to Sept. 28, 195 from the causes and on th tal, Balto, Md.	e date stated above.			
24A. BURIAL, CREMA 2	48. DATE 9/29/52			Parkersburg Wes	or county) (State)			
DATE RECEIVED BY R LOCAL REGISTRAR	EGISTRAR'S SIGNAT	UREALIN (4	Wm Cook,	CTOR	ADDRESS aul Street			
VS 150	1 0	= 240 5	5					

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 28-5 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or LAND location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. SINGLE. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH ORBER CEMMINTS 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 52X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ackondro plasia, Hydro cephalus. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDIC 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or ) HOMICIDE (Specify) aboot home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 9-28, 195, that I last saw the deceased alive on 19 52, and that death occurred at 10:15 q.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 22c. DATE SIGNED THON REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY (24B. DATE ADDRESS DATE RECEIVED BY RECUSTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 1) westington VS 150





21E. INJURY OCCURRED

AT WORK WORK 22. I hereby certify that I attended the deceased from.

NOT WHILE! WHILE AT

> , 19 12that I last saw the 193/10. m. from the eauses and on the date stated above.

deceased alive on Jest 2919 Land that death occurred at 23A. SIGNATURE

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREM

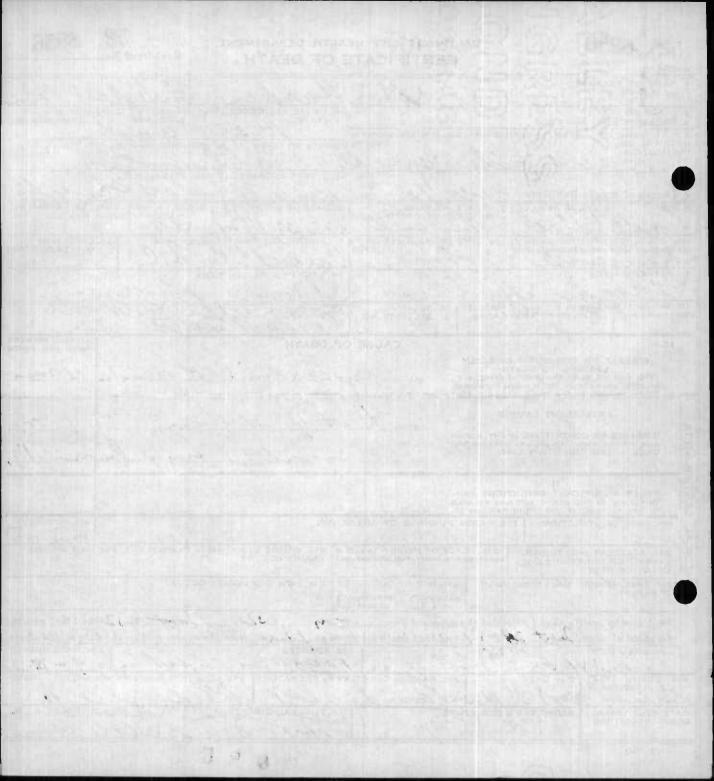
24c. NAME OF CEMETERY OR CREMATOR

OF INJURY

DATE RECEIVED BY

REGISTRAR'S SIGNATURE untinglow

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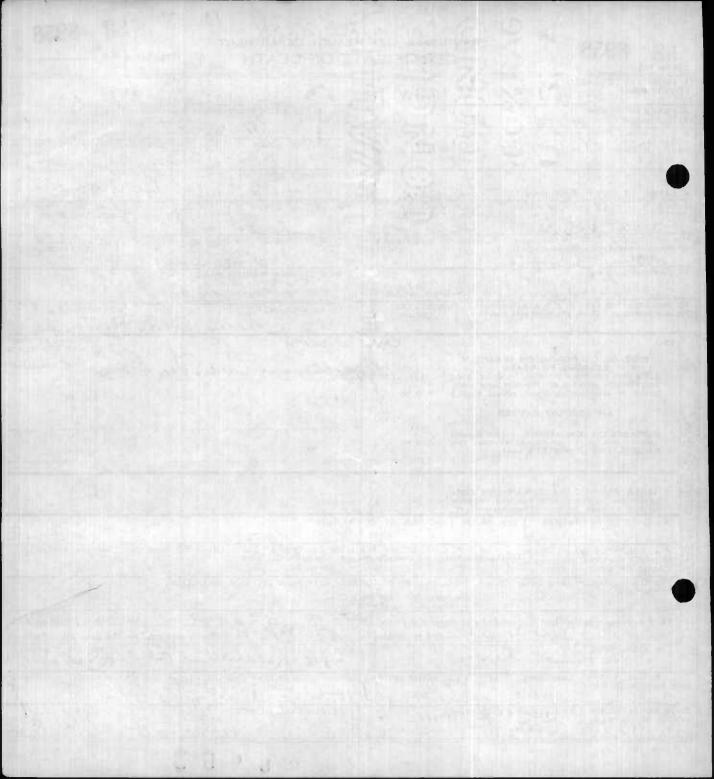
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52 8957  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.									
BIRTH NO.									
	(Type of Print) LSIHORE ROSENBHATT 2. DATE OF DEATH 9-	29-52							
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	titytion : residence before admission							
	B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. OTT OR TOWN (If outside corporate limits.)								
	institution 2337 Moka We Faltureere 5	5 Stownship							
	ength of stay in Baltimore  Yrs.  D. STREET ADDRESS (If rural, give location)	100							
		der I Year   If Under 24 Hours							
1	male white married (specify)	hs Days Hours Min.							
w	10A. USUAL OCCUPATION (Give kind of ork debt debt of working life, even if retired)  10B. KIND OF BUSINESS OR III. BYRTHPLACE (State or foreign country)  11 BYRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY							
-	13. FATHER'S NAME 14_MOTHER'S MAIDEN NAME								
	13. FATHER'S NAME								
-	15 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL WILLIAM AND ADDRESS   16. SOCIAL WILLIAM A								
0	Tes no or unknown) (If yes, give war or dates of service) SECURITY NO. NESSECURITY NO.	auce							
	18. LAAL CAUSE OF DEATH	INTERVAL BETWEEN							
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	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) DUE TO								
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MOITVOISITE	DISEASES OR CONDITIONS, IF ANY, GIVING	WI CON 44							
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
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F	OTHER SIGNIFICANT CONDITIONS CON-								
i i	TRIBUTING TO THE DEATH, BUT NOT RELATED SENION COLTATE.	44000							
	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?							
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I V DICE OF		exact location,							
Ш	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?								
	m. WHILE AT WORK AT WORK								
		that I last saw th							
Ш	deceased alive on 9-25-52, 19 and that death occurred at 1 m., from the causes and on the								
	nathan Rocusin M.D. 206 S. Gilmer St.	23c. DATE SIGNED							
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or	county) (State)							
K	smoval 4-29-12	11.7							
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  THE TOTAL VALUE OF THE PROPERTY OF THE	DDRESS RIC							
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# BALTIMORE CITY HE

Registered No. CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE Celia 1 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 4613 Park Dights and (If outside corporate limits, write RURAL and give (township) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years) It Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if petired) INDUSTRY WHAT COUNTRY? stoure wie uss 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give wer or dates of service) 18. 443X CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DILE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICAL YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! Oct. 19 1947 to Sept 29, 1954 that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 6:3 & Pm., from the causes and on the date stated above. deceased alive on Jegs 29 1952 23c. DATE SIGNED 23A. SIGNATURE 1hanue Jaget. 29, 1952 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) Survay 25. FUNERAL DIRECTOR ADDRESS | DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR

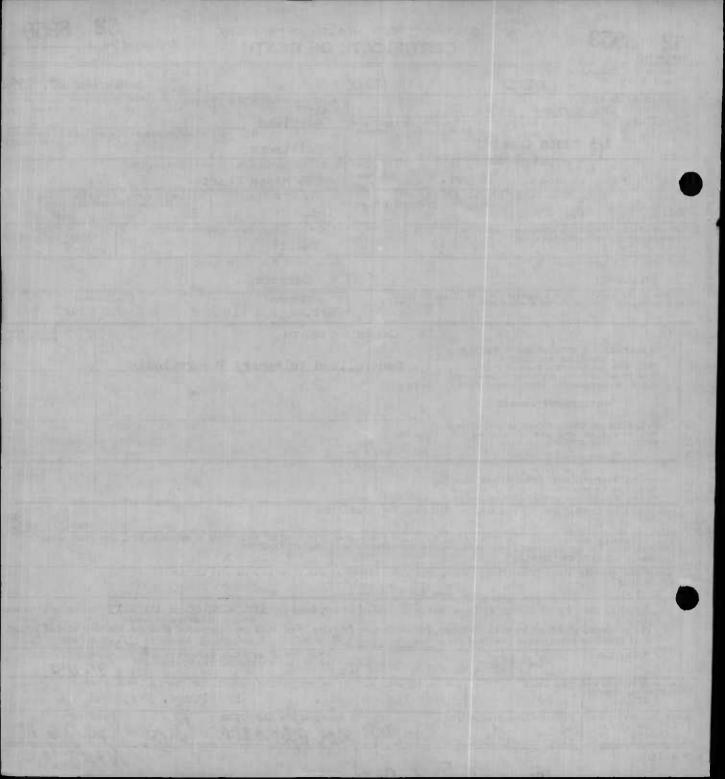


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B	)2 IRTH 1		59		BA			E OF DEAT		Register	red No.	7	395	9_
	NAME Type or	Print)	ECEAS	SAMUE			BLECK	ER		2. DATE OF DEATH S	epteml	per	28.	1952
		E OF D		Maryland				4. USUAL RESID	ENCE (W		ed. If insti	tution:	-	nce
H	FULL OSPITA ISTITU	AL OR		Mason Co		tion, give stre	eet address or location)	Maryland c. CITY OR TOWN Baltimor	N (If	outside corporate	limite, wr	ite RU		nd give
7	Leng	th of s	tay in	Baltimore	48 yı	rs.	Yrs. Mos. Days	D. STREET ADDR	n Cour		on)			
	sex lale			LOR OR RACE		E, MARRIED VED, DIVOR		8. DATE OF BIRT		9. AGE (In yea last birthday 66	rs If Under ) Months			24 Hours Min.
1 C	A. USL	JAL OC	CUPAT of workin	TION (Give kind of g life, even if retired	IOB. KINE	of Busin	NESS OR INDUSTRY	11. BIRTHPLACE(	(State or for	reign country)	12.		EN OF	
13	-	nkno					(N)	14. MOTHER'S MA		ME				2
Ye (Ye	. WAS	DECEAS unknown)	ED EVE	R IN U.S. ARME	D FORCES?	16. SOCIA	RITY NO.	17. INFORMANT Mrs. Sarah	Bleck	er- 225 N	ADDR 18 SON		t	_
RTIFICATION	DI RII Uf	SEASE: SEASE: SE TO T NDERLY	ANTEC	cean the mode enia, etc. It mo ceation which CEDENT CAU CONDITIONS, DVE CAUSE (A CONDITION L ICANT CONE	eans the diseas caused death (SES)  IF ANY, GIVIN (STATING THAST.  DITIONS CONTON NOT RELATE	(B)  RG  HE DUE TO  (C)	o 	ized Pulmon	ary 10	DETCULOSI	S			
CE				RATION	19B. MAJOR		OF OPERA	ATION			444 444 4444	20. A	UTOP	SY?
DICA	UNDE	RLYIN	G 🗌 C	AUSE WAS OR CONTRIB	about home, f	CE OF INJ arm, factory, str	URY (e. g., in eet, office bldg., et	or 21c. WHERE CO.) INJURY OCCU		in Baltimore C	ity, give	YES L		)
Σ		TIME (	Month)	(Day) (Year	, ,	21E. INJUR	Y OCCURRE	D 21F. HOW DIE	INJURY	OCCUR?				
TIC	23A. S	the evi	dence ath in TURE REMA- pecify)	obtained by my opinion  248. DAYE  9/30/55	rge of the said Auto	remains d psy, Insperion: natu Qe- 24c. NAME of Oheb S	described absection or Interest causes  M. OF CEMETER  The Lon C	nquiry, find that , accident  , accident  , assistant m , MEDICAL INV Y OR CREMATORY	Autopsy, In said dec suicide [ EDICAL E. EDICAL E. ESTIGATO   240. LO   Balt.	nspection or Inquestion or Inquestion of Inq	n the do	terminate si	ited a ned [ IGNED 52	bove,
7		REGISTI 0 19		Hunting	gton W.	tliaus-	M.P.	sol ofenn	son'	1/2/100	-1121	1-2	-67	V.
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Inysicians: please write the causes of death clearly and legibly.



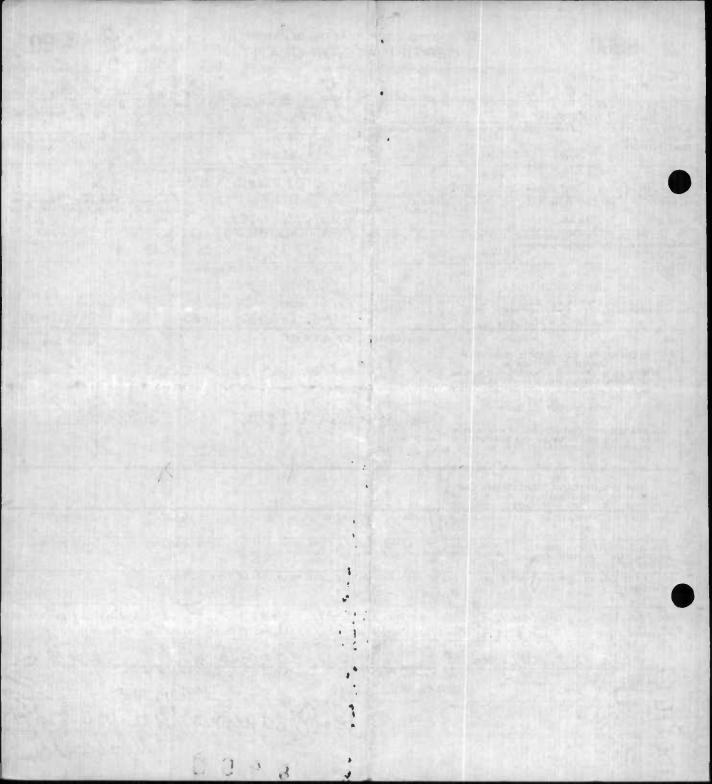
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52 8950 BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

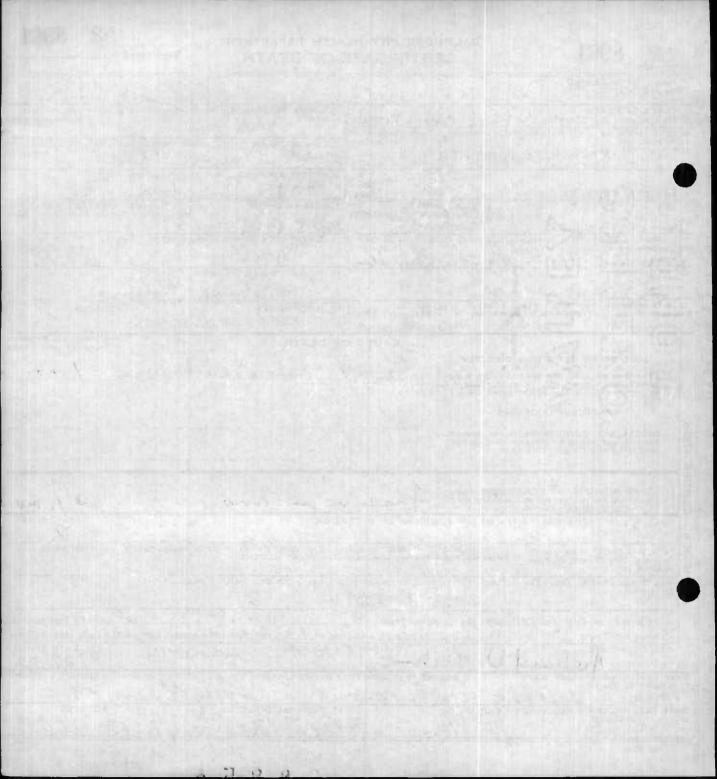
Registered \$2 8960

	NAME OF D	CHADO	, H	ERBERT, E.	LY	2. DATE OF DEATH	September	29,1952		
	PLACE OF D Baltimore (	City, Maryland			A. USUAL RESID			: residence ore admission)		
HC	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN		orate limits, write RI	JRAL and give		
117	STITUTION	3730 Clar	inth Ro	ad	Baltimor		27-20	township)		
	ength of s	tay in Baltimore	20 yrs	Yrs. Mos. Days		ess (If rural, give lo tinth Road	ocation)			
	sex Male	6. COLOR OR RACE White	WIDOW	E, MARRIED, VED, DIVORCED (Specify) RRIED	Aug. 3, 19	last birt	n years	Hours Min.		
work		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	New York	State or foreign countr		ZEN OF T COUNTRY?		
13	. FATHER'S			181	14. MOTHER'S MA	IDEN NAME				
		Chadokowsky			Goldie	?				
(Yes	, no or unknown)		a of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ely ChadO- 3	ADDRESS	h Road		
	18 ./ n	world we	n 2	CAUSE	OF DEATH	ery onado- o		VAL BETWEEN		
	18. 4 20 DISEAS	E OR CONDITION	DIRECTLY	oncor.	-/-	1 1.	ONSE	T AND DEATH		
		not mean the mode	of dying, e. 1		rary th	rombosis	1	our		
		re, asthenia, etc. It mea complication which				. /				
		ANTECEDENT CAUSES (A TORING ) LA CONTRACTOR MANAGEMENT CAUSES								
NOL		S OR CONDITIONS, I			i an ecessia	ice reas	ansage			
<		THE ABOVE CAUSE (A)		(C)			1,212			
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ERT		IGNIFICANT CONDI								
S	TO THE D	TO THE DEATH, BUT	CAUSING I	τ						
AL	19A. DATE C	OF OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION		YES	AUTOPSY?		
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., is farm, factory, street, office bldg.,			ore City, give exact	location)		
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR		INJURY OCCUR?				
			m.	WORK AT WORK		9/20	1			
	22. I hereb	y certify that/I at		and that death occur	41.5	to 7/29, from the causes	, 19 <b>52;</b> that I and on the date s			
	23A. SIQNA		irain	# M. D.	672/ Rush	erstown Rd.	9/24	1/52		
24 TI	N. REMOVAL	CREMA- Specify) 9/30/52		24c. NAME OF CEMETE Moses Montific		Baltimore	Maryland	(State)		
	ATE RECEIVE	RAR	's SIGNATI	1//11:	25) FUNEFIL DU	NEON 0/2	12-1124;	26 W.		
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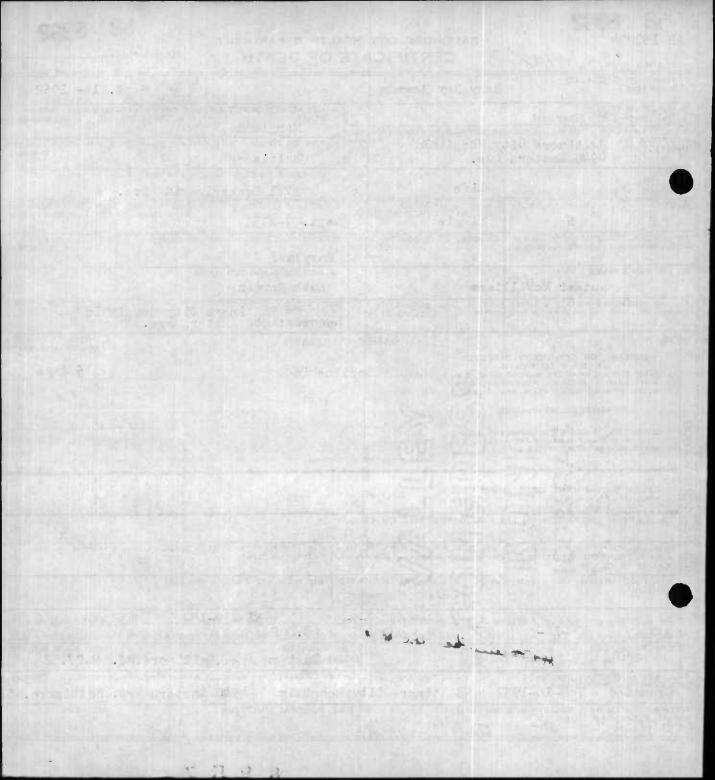


#### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

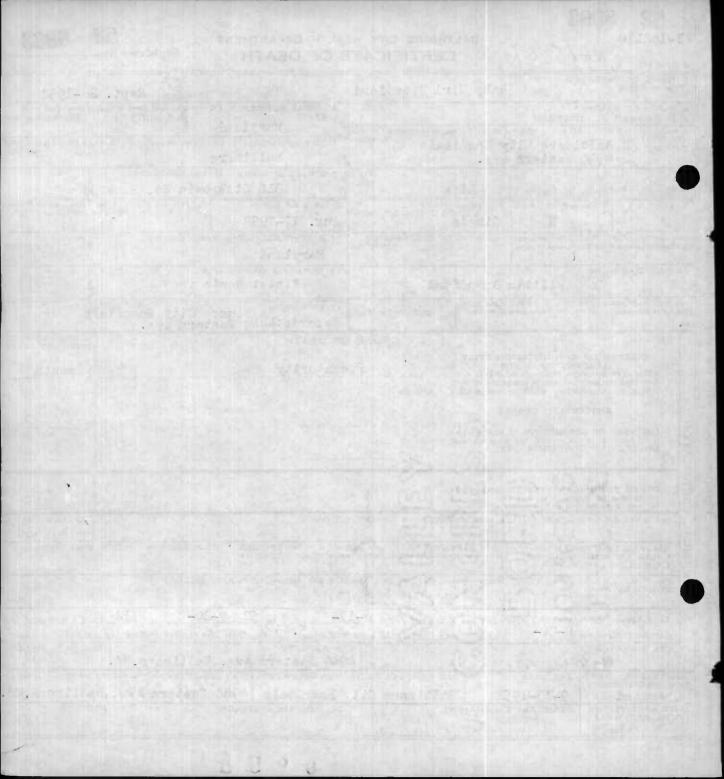
52 8962

Registered No\_

BI	RTH NO. 2	2-00/28		CLITTI ICATI	OI DEAT			
1. (T	NAME OF D ype or Print)	ECEASED	Baby 1	Boy Bowman		2. DATE OF DEATH	Sept. 1	4- 1952
A.		City, Maryland	al au inatitut	ion, give street address or	4. USUAL RESIDE A. STATE Maryla	NCE (Where deceased li B. COUN		tution : residence before admission)
H	OSPITAL OR	Baltimore Ci 4940 Eastern	ty Hos	pitals location)	c. CITY OR TOWN	(If outside corporat	te limits, wr	ite RURAL and give township)
	ength of s	tay in Baltimore	Life	Yrs. Mos. Days		ennsylvania A		
5.	SEX M	6.COLOR OR RACE	7. SINGLI WIDOW Sing	E. MARRIED.	Sept. 9-195	9. AGE (In ye	ears If Under	I Year If Under 24 Hours Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign country)		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ruther McWilliams					14. MOTHER'S MA			
15 (Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 494	timore City Ho	sp <del>řta</del> ľ	<u>s</u> ss
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA  II IGNIFICANT CONDITION TO THE DEATH, BUT SEGASE OR CONDITION			INTERVAL BETWEEN ONSET AND DEATH  5 days			
AL C			**************************************	FINDINGS OF OPER	ATION			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.)  21B. PLACE OF INJURY (e.g., in or line) 21C. WHERE DID (If in Baltimore City, give exact location injury occur?  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 9-9- , 19 52, to 9-14- , 19 52, that I last sat deceased alive on 9-14- , 19 52. and that death occurred at 8.20P m., from the causes and on the date stated of the deceased alive on 9-14-  21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in or life in Baltimore City, give exact location injury occur?  21C. WHERE DID (If in Baltimore City, give exact location injury occur?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?								exact location)
								at I last saw the ate stated above.
	23A. SIGNA	mullen	un W	м. р. 44		Ave.,Baltimore	,Md. 9	
710 TIC	n removal (S	pecify) 9-16-19		24c. NAME OF CEMETE		4940 Eastern		
DI	ATE RECEIVE	BAR		MH MA MA	25. FUNERAL DIR	ECTOR	ADI	DRESS



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	AI	1-162124		BAL	TIMORE CI	TY HE	ALTH DEPART	MENT		52	8963
	ВІ	RTH NO. 5	2-18807		CERTIFIC	CATE	OF DEATH	Н	Registered	-	0000
		NAME OF D ype or Print)	ECEASED	Baby G	irl Brandi	ford			2. DATE OF DEATH Se	pt. 2	0-1952
		PLACE OF D	EATH: City, Maryland				4. USUAL RESIDE	NCE (W			
	В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street ad	dress or	Mary	land	B. COUNTY		before admission)
	IN	STITUTION .	Baltimore Cit	y Hosp:	ltals 10	ocation)	C. CITY OR TOWN		utside eorporate lin	nits, wri	te RURAL and give township)
7			4940 Eastern	Ave.				imore	2	0	(Whiship)
egin						Yrs. Mos.	D. STREET ADDRE				
To		Length of s	tay in Baltimore	Li		Days			ein St. zo		
ann	5.	Tage of the latest	6. COLOR OR RACE	WIDOW	ED, DIVORCED	(Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)		Days Hours Min.
6	10	F	N N				Aug. 17-195			1 ;	
clear	work	done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS	USTRY	11. BIRTHPLACE (S	itate or for	eign country)		CITIZEN OF WHAT COUNTRY?
3	10	FAMILE					Maryland				
neam	13	. FATHER'S N		n Brandi	Ford		14. MOTHER'S MAI				
	-						ATOTEL	DOMT			
	(Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	/ NO.	Records: 494	timore O Hast	City Hosp	fest	ss B
canaca		18. 77/	<b>Y</b>		CA	USE C	OF DEATH				NTERVAL BETWEEN
		DISEAS	E OR CONDITION								MEET AND DEATH
our :		(This does	not mean the mode of	f dying, e.g., (A)							lmonth
MITTE	-	injury or	re, asthenia, etc. It mea complication which c	aused death.	b) DUE TO						
- 11		ANTECEDENT CAUSES									
200	Z										
picase	LION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
	<	CHELLING CONDITION LAST.									
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I II STOTEMES.	RT		IGNIFICANT CONDI								
	CE		TO THE DEATH, BUT			***************************************		**************		1	***************************************
	_	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF	OPER	ATION				20. AUTOPSY?
	N S										YES NO
milipor came.	1EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY arm, factory, street, of				in Baltimore City	, give e	exact location)
	Σ	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID	INJURY	OCCUR?		
		OF INJURY		m.		T WHILE					
		22. I hereb	y certify that I att				7- 19 5	2 to 9-2	20- 16	2 11	at I last saw the
		deceased al	ive on 9-20-	19 52	and that death	h necure	red at 5.45AM	from the	e causes and on	the do	at I last saw the
		23A. SIGNAT		. 10	and that death		BB. ADDRESS	110110 010	Canoos and on	23	C. PATE SIGNED
			47 gr Cur cole	4			940 Eastern	Ave.,B	altimore, M	ld.	9 27.52
	24 TIC	A. BURIAL. ON. REMOVAL (S	REMA- 24B. DATE		24c, NAME OF C	EMETER	RY OR CREMATORY	24D. LO	CATION (City, tov	vn, or eo	unty) (State)
		remated	9-23-19	52	Baltimore	City	Hospitals	4940 :	Eastern Av	e.,Ba	ltimore, Md.
		TE RECEIVE					25. FUNERAL DIRE	ECTOR	Here I was	ADE	DRESS
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				and as		33	0 8 9 5	2			
				1	had , had	1	0 3	U			



AB-163250 BALTIMORE CITY HEALTH DEPARTMENT 52-21939 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Johnson OF Sept. 19-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mag Life 2716 Lauretta Ave. ength of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH M Sept. 18-1952 Single 1 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chester Cunningham Mildred Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMBALtimore City Hospitals Ess (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Ave. 18. " INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Premeturity 1 day (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Possible birth injury 1 day ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 9-18-1952, that I last saw the deceased alive on 9-19-, and that death occurred at 2.451 m., from the causes and on the date stated above. 19.52 23A. SIGNATURE 9 .27 52 17 grum len 4940 Eastern Ave., Balto., Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Cremated 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 9-23-1952 4940 Eastern Ave., Balto., Md. Baltimore City Hospitals DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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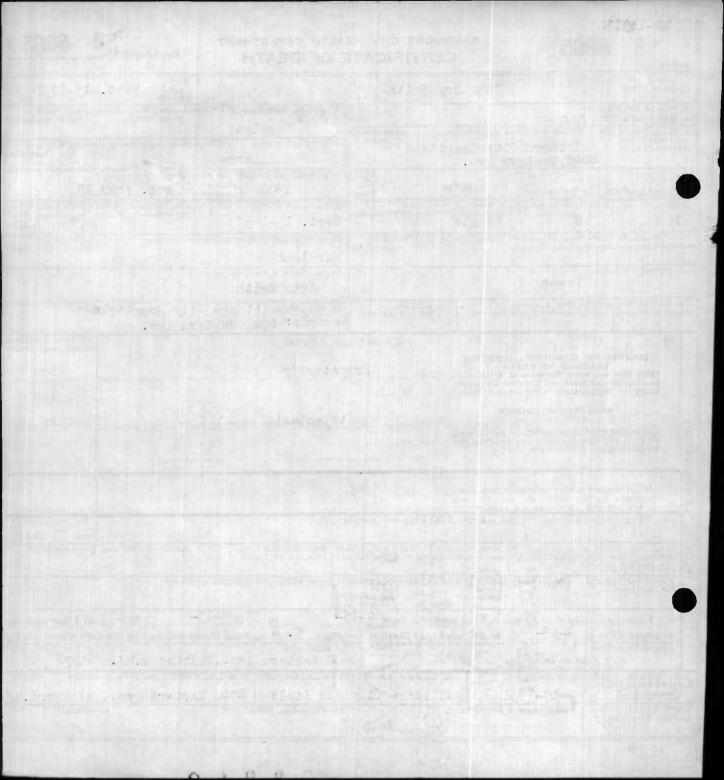
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muses or death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

В	IRTH NO. 5	2-22/1	2	CERTIFICAT	E OF DEAT	П	cred 110.		
1. (T	NAME OF D Type or Print)	ECEASED	Baby :	Boy Smith		2. DATE OF DEATH	Sept. 15-1952		
Α.	PLACE OF D Baltimore (	City, Maryland	el or institut	tion, give street address o	A. STATE	B. COUN	ived. If institution: residence ITY before admission		
H	OSPITAL OR	Baltimore (	ity Ho	spitals location	-	(If outside corporat	te limits, write RURAL and give township		
9		tay in Baltimore	Li	Yrs. Mos. Days	D. STREET ADDRE	Highland Ave	Al Ilitabara and		
5.	M	6. COLOR OR RACE	7. SINGL WIDOV Singl	E, MARRIED. VED, DIVORCED (Specify	Sept. 15-19	last hinth do	ears If Under 1 Year If Under 24 House ay) Months Days Hours Min 6 40		
1C worl	A. USUAL OC	CUPATION (Give kind of f worklog life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
	FATHER'S	Pewee ?			Joan Smi				
15 (Ye	. WAS DECEASE e, no or uokoown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMBult Records: 494	imore City Hos D Eastern Ave.	pitaless		
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
CERTIFICATION	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	ANY, GIVIN	(B)	Atelectasia		6hrs		
CERTIF	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								
<b>IEDICA</b>		ENT WAS UNDER CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	io or 21c. WHERE D	(If in Baltimore R?	City, give exact location)		
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT WORK AT WORK								
	deceased al	y certify that I att live on 9-15-	ended the	and that death occu	rred at 9. Am.,	2 to 9-15- from the causes and	, 19 <mark>52</mark> , that I last saw th l on the date stated above		
	23A, SIGNA	7 Jahre 16	u	м. р.		Ave.,Baltimore			
TIC	ta. BURIAL, CON. REMOVAL (S Cremated	Pecify) 9-19-195		Baltimore City	W Hospitals		Ave., Baltimore, Mc		
	CAL REGIST		SSIGNATU	Williams M.	25. FUNERAL DIR		ADDRESS		

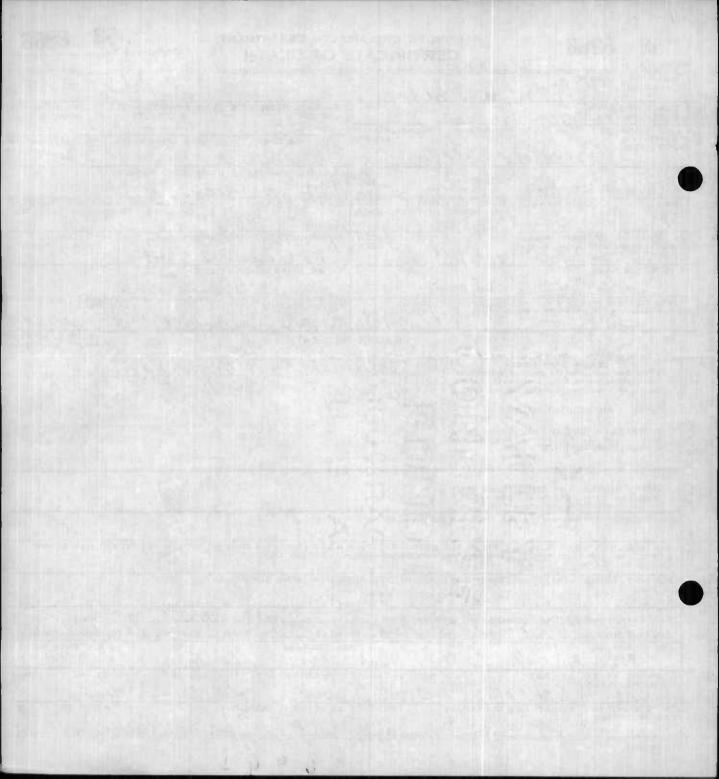


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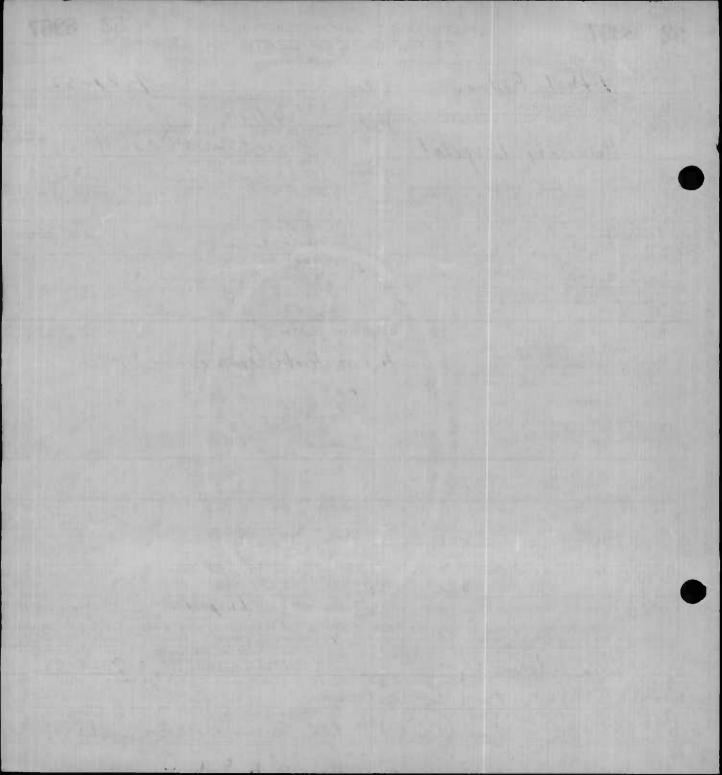
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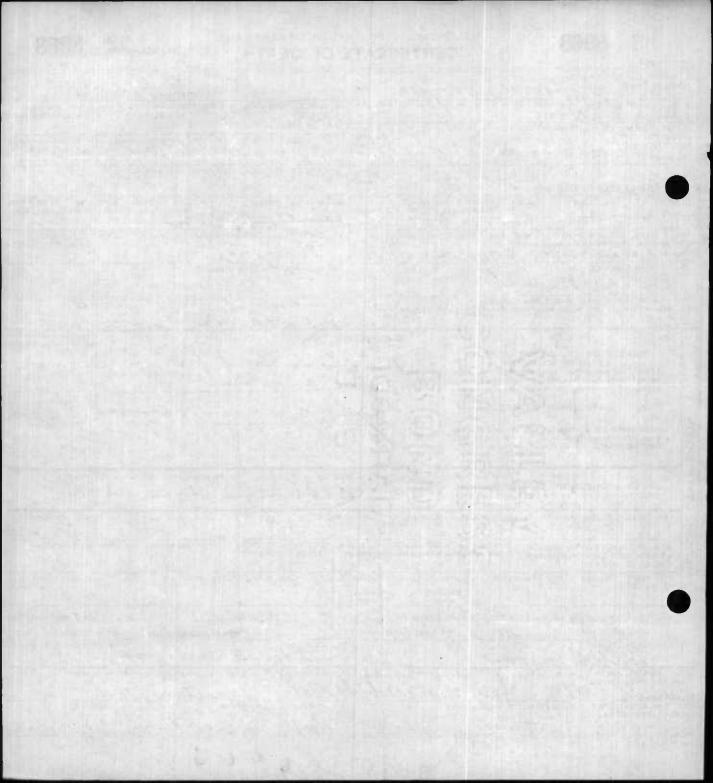
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52 8967 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 671/man DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Moo Length of stay in Baltimore Days 9. AGE (In years last binthday) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH M Under I Year It Under 24 Hours Months Days Hours Min. budo 10A USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, every if retired) INDUSTRY WHAT COUNTRY? suce weg 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or anknown) (If you, give war or dates of service) SECURITY NO INTERVAL BETWEEN 22.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY exinacteratio Cardinouscular Disesse LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autops, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SJGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR. 240 BURIAL, Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) DATE RECEIVED BY 5. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR LALUA-VS 151



CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED OF Sept. 28, 1852 (Type or Print) Joseph Horrath 3. PLACE OF DEATH: South Bollings for. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) musland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give South Ba sener I thorpular 113 Woodland are #22 B D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. lan. 15 1885 67 IOA. USUAL OCCUPATION (Give kind of 1 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? metal cheet worker BETHLEHER STEEL 0.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MILL sent /Love WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MECA. NEMETHY 113 WOODLAND AV. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION resenting by 20. AUTOPSY 2 IB. PLACE OF INJURY (e. g., in or 2 IC. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! m. WORK AT WORK 22. I hereby certify that I attended the deceased from. , 19\_\_\_, to\_ , 19\_\_\_, that I last saw the deceased alive on\_\_\_\_\_\_\_ 19\_\_\_\_ and that death occurred at\_ \_m., from the causes and on the date stated above. 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED V. Willowwas 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8969

В	RTH NO.			CERTIFIC	CATE	OF DEATH	Registered N	0,	
	NAME OF D ype or Print)		lliam	H. Robe	n		2. DATE OF DEATH Sept	. 28, 1952	
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or						4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Manual and B. COUNTY before admission)			
	OSPITAL ORY	St. Agnes H	ospital	1	ocation)	Baltimore	9-01	s, write RURAL and give township)	
_		tay in Baltimore			Yrs. Mos. Days	700 E. 23rd Stre			
5.	Male	6.COLOR OR RACE	7. SINGLE WIDOW Mar	MARRIED. ED, DIVORCED <b>Pled</b>	(Specify)	12.28.18185	9. AGE (In years If last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.	
#orl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		of Business	OR	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S		Mar 1			14. MOTHER'S MAIDEN NA	ME		
		H. Roben		Decease	d	Susanna Hahn	Dece	ased	
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMED (If you, give war or dated	FORCES?	16. SOCIAL SECURITY	( NO.	17. INFORMANT	A	DDRESS	
ERTIFICATION								ONSET AND DEATH	
CE	TO THE O	S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION   1	CAUSING IT		OPER	ATION	0.4	20. AUTOPSY?	
AL		0						YES NO D	
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  Z1B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  Z1C. WHERE DID (If in Baltimore City, give exact local loc						rive exact location)			
	F INJURY	(Month) (Day) (Year)		VHILE AT NO	COURRE T WHILE T	21F. HOW DID INJURY	OCCUR?		
22. I hereby certify that I attended the deceased from 7 - 14, 19 to 7 - 28, 19 5; that I la deceased alive on 1952, and that death occurred at 10 to 10, from the causes and on the date sta 23A. SIGNATURE 23B. ADDRESS 23C. DAT						that I last saw the at date stated above.			
24	IA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE pecify)	952	Moule of C	EMETER Incl	Memo Pm Ba	OCATION (Gity, town,	or county) (State)	
P.	TE RECEIVE	D BY REGISTRAR		Miaus-,	V.P.	25. FUNERAL DIRECTOR	111000	ADDRESS 2008	

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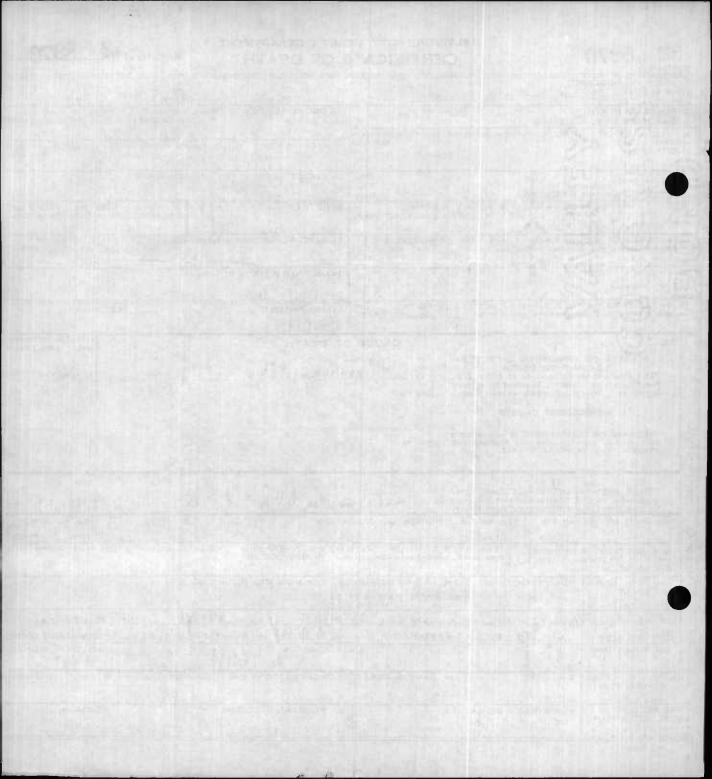
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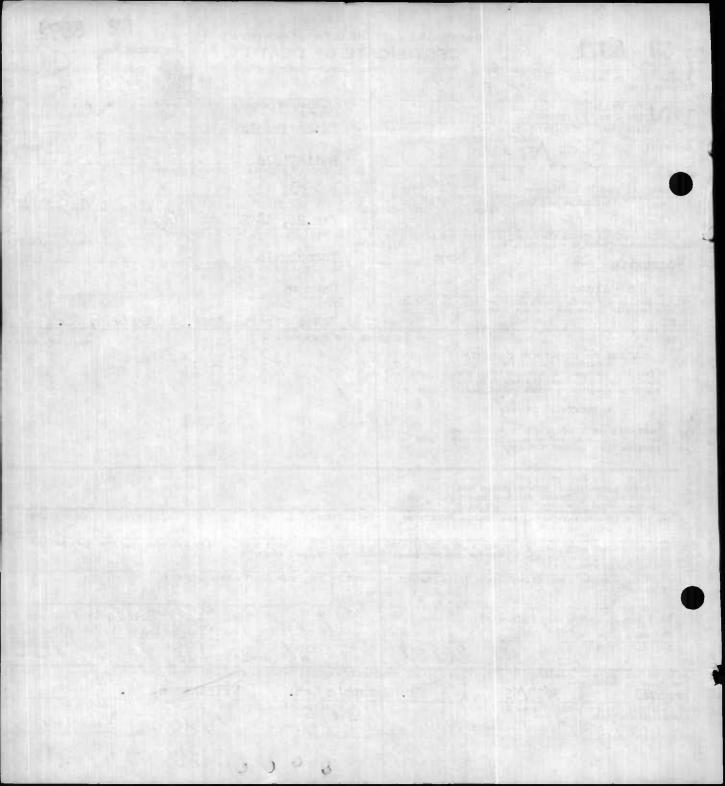
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

59	COMO
Registered No	8970

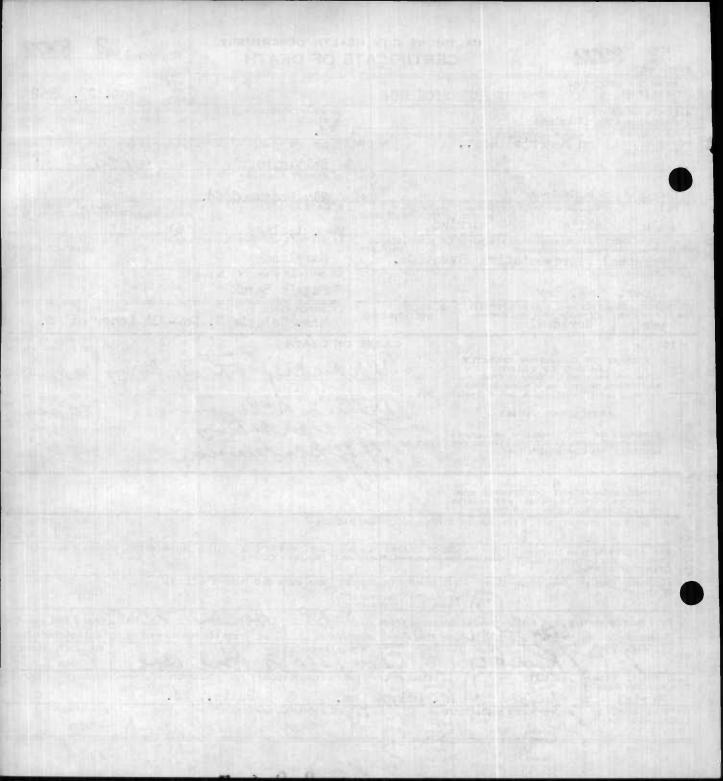
	RTH NO.	70		CERTIFICATI	OF DEATH	- Registered	1110, 00/0
1.	NAME OF DE	Joanna Bert	hold Ko	hlmann		2. DATE OF	
3. PLACE OF DEATH: 2036 E North Abe					4. USUAL RESIDE	NCE (Where deceased lived.	lf institution: residence before admission)
H	FULL NAME ( DSPITAL OR ISTITUTION	OF (If not in hospi	tal or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and give
	140					imore	00
C.	ength of st	ay in Baltimore		ife Yrs. Mos. Days	D. STREET ADDRE	orth Ave	
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours: Min.
	Female	white		dow	Feb 19 1872	80	Alona Days Hours Mill.
10 worl	A. USUAL OCC	CUPATION (Give kind of working life, even if retired	at home	INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME	1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		Penna 14. MOTHER'S MA	IDEN NAME	
	John Bert	Chold		IN THE OWNER.	Don't kno		
15	. WAS DECEASE	D EVER IN U, S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	O <u>W</u>	ADDRESS
(Ie	i, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.		1	
	18. 1711			CALISE	OF DEATH	Budice 2036 F No	INTERVAL BETWEEN
	Derve	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	(TILL I	E OR CONDITION LEADING TO DEA	TH	1.00	emous Utwo		In the said
H	heart failur	not mean the mode e, asthenia, etc. It mes complication which	ans the diseas	e,		uurww	
В		ANTECEDENT CAU	SES				
Z				(B)	***************************************		
2	RISE TO TH	OR CONDITIONS,	STATING TH	IG IE DUE TO			
CA	UNDERLY	ING CONDITION L	AST.	(C)			
F							
CERTIFICATION	TRIBUTING	GNIFICANT COND TO THE DEATH, BUT	NOT RELATE	D UNITED	Justin CUR	Dra Cum	011 1 W.
U		F OPERATION		FINDINGS OF OPER	V-3/1/V-1/V-1/V-1		20. AUTOPSY?
SAL		0					YES NO
MEDICAL		ENT WAS UNDER- CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			, give exact location)
	21D. TIME (	Month) (Day) (Year	(Hour)	2 1E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
	· MOOKI		m.	WHILE AT NOT WHILE			
H	22. I hereba	certify that & at		2/	July 1982	, to 27 Mt , 19	\$ 7, that I last saw the
		igle on 170 Jun	19 5	and that death occur		from the causes and on	
	23A. SIGNAT	ARK X			O- ADDDECC	200.12. 1.1	23c. DATE SIGNED
			mm	м. D.	1513 W 1	will the way	2484191
24 TIC	A. BURIAL, C	MEMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tor	wn, or county) (State)
	Burial	Sept 30	/52	Oak Lawn Ceme	tery	Baltimore Co	
D/	ATE RECEIVED	BY REGISTRAR	'S SIGNATU	RE,	25. FUNERAL DIRE	ECTOR	ADDRESS
2	SED 301052   Multinglow Williams, M. Willrich Funeral Home 2004 Orleans St						
	VS 150	45	U				
			15	2000			
			C. 110	The sale of the sa	0 0		and the second second second



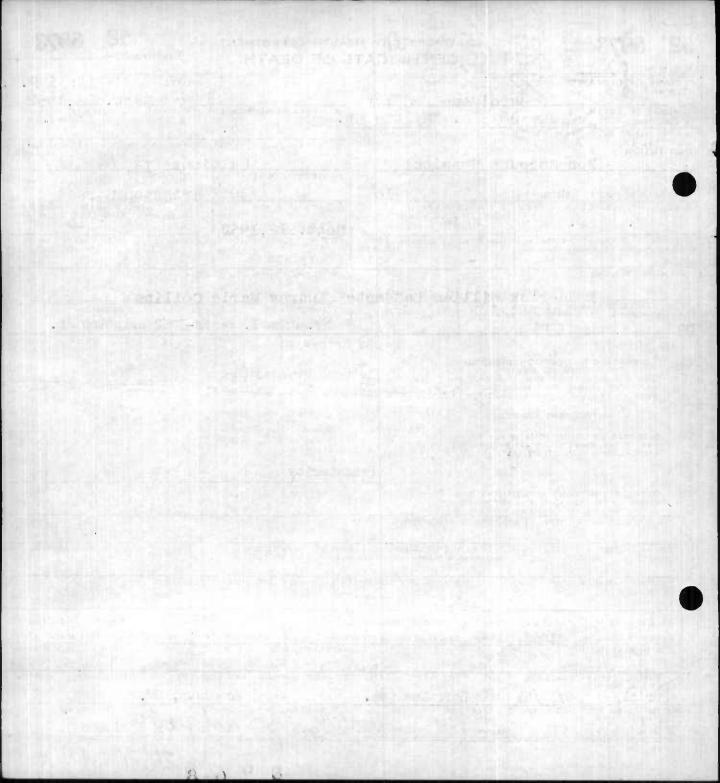


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5	2 89	73	BALT	IMORE C	HE YTI	EALTH DEPART	MENT		52	8973
	BIRTH NO. 52-21773 CERTIFICATE OF DEATH Registered No.									
	NAME OF D	ECEASED						2. DATE OF		11:35 P.M
	PLACE OF D		rol An	n LeCo	7.	4. USUAL RESIDE	NCE (W	DEATH Set		28,1952
A.	Baltimore	City, Maryland	2025 W.	Fayet		A. STATE	Md.	B. COUNTY	AI IIISC	before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution	n, give street	address or location)	c. CITY OR TOWN		outside corporate lis	mits, wi	ite RURAL and giv
	L	Bon Secon	irs Hos	pital			Balt	imore 16	16	o-O township
				Harrison .	Yrs.	D. STREET ADDRE				
5	Length of s	stay in Baltimore	7 SINCLE	MARRIED	16Days	L O DATE OF BURT		Brighton		
٥.	F.	W.	7. SINGLE.	D, DIVORCE	D (Specify)	8. DATE OF BIRTH	77541	9. AGE (In years last birthday)	Months	Days Hours Min
10	A. USUAL OC	CCUPATION (Give kind of				Sept. 12	state or for			CITIZEN OF
	done during most	of working life, even If retired)		11/	IDUSTRY	Maryland				WHAT COUNTRY
	. FATHER'S	NAME				14. MOTHER'S MA	IDEN NA	ME		
		Frederick	e'wiii	am Ted	omnte	Andrew N	ferie	Collins		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURI		17. INFORMANT			ADDR	
m		none				Mr. John E	. Par	ks-3052 Br	ight	on St.
CATION	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  REITERS DISEASE  (A)  Reiters Disease (B)  DUE TO									
TIF		II		(C)	Pre	maturity				•••••
ER	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATED				150			
U		OF OPERATION 1	9B. MAJOR F		OF OPER	ATION	••••••		******	20. AUTOPSY?
CAI						1.01				YES NO
MEDI	HOMICIDE	ENT. SUICIDE, (Specify)		E OF INJUF m,factory,street,				f in Baltimore City	y, give	exact location)
	21b. TIME OF INJURY	(Month) (Day) (Year)		IE. INJURY		ED 21F. HOW DID	INJURY	OCCUR?		6 3 3 16
				VORK	AT WORK					
		y certify that I att			om7	- 12 1957	, to 9	·-28 , 19		nat I last saw th
	deceased a		, 19 5 1, at	nd that dea		red at 11 7 m.,	from th	ie causes and on		ate stated above
		lelson, 1/	Class		M. D.	BON SECON	ac //	SPITAL	1	pt-28.195
24 TIC	AA. BURIAL,	CREMA- 24B. DATE Specify)	21	C. NAME OF		RY OR CREMATORY		CATION (City, to	wn, or c	ounty) (State)
	Burial	9/30/52		rraine	Cem.	0		lawn, Md.		
Lo	TE RECEIVE DCAL REGIST SED 30	TRAR	ston /	Hiaus	M.P.	25. JUNERAL DIR	ECTOR!	lenes 4	Sa	DRESS
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Sept. 28, 1952

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

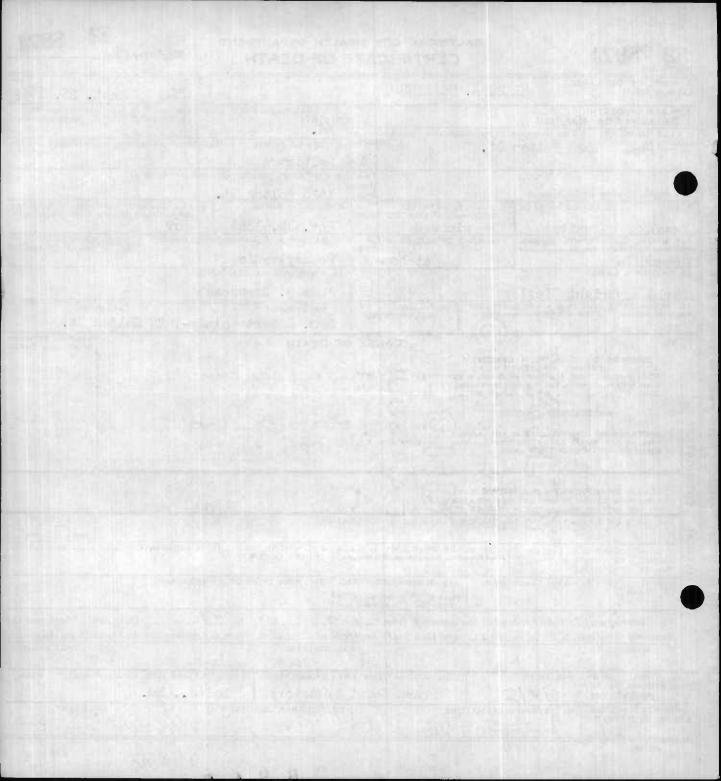
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

before admission)

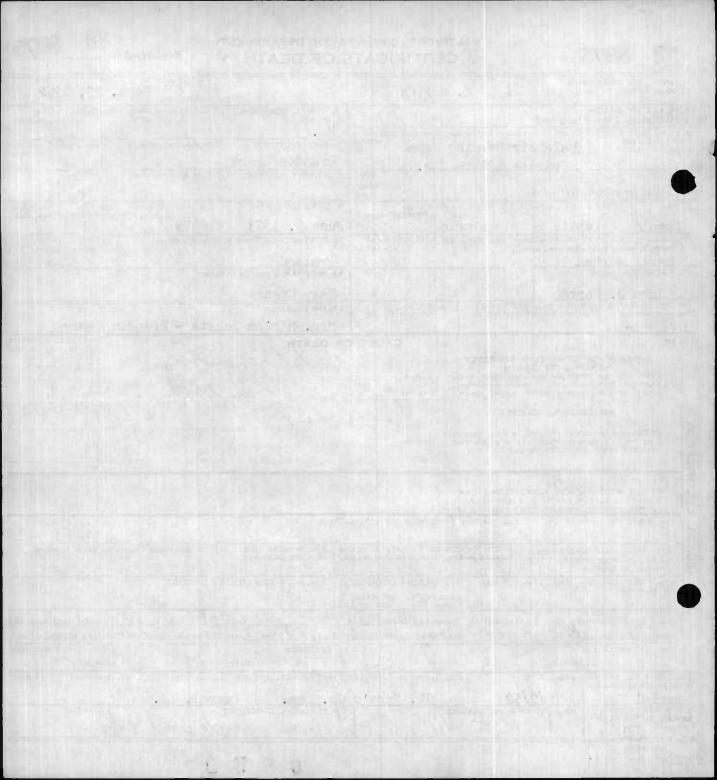
23c. DATE SIGNED 9/29/32 ADDRESS



#### BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 8975

BIRTH NO.	3970		CERTIFICATI	E OF DEATH	Registered	No.	
1. NAME OF (Type or Print)	DECEASED	ANNA T	NORTON		2. DATE OF Sept	. 29,	1952
	City, Maryland	-1 1 414	tion, give street address or	4. USUAL RESIDENCE (VA. STATE Md.	Where deceased lived, I		: residence ore admission)
B. FULL NAMI HOSPITAL OF INSTITUTION	W-7 -b-d-		lacation)		outside corporate lim	its, write RU	RAL and give
10	Charles	& 21st		Brandon Shore			township)
	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	200	
female	6.COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	June 5, 1873	9. AGE (In years last birthday) M	If Under 1 Year Ionths Days	If Under 24 Hours Hours Min.
10A, USUAL O work done during more	CCUPATION (Give kind of st of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ	EN OF
never				Ireland 14. MOTHER'S MAIDEN N	AME		
				Maria Parkas Carlo	AWE		
15. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Mary Cusack		ADDRESS	
(166, no or unanow)	(11 yes, give war of date	a or service)	SECURITY NO.	Mrs. Miriam Sch			е
(This do heart fai injury o	ASE OR CONDITION LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A)	TH  of dying, e.,  ns the disease  caused death  SES  F ANY, GIVING  STATING TO	(B) Acla	ebral hemo val + cere erosis	hage	36	Liss.
OTHER TRIBUTIN	SIGNIFICANT CONDITION LA SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	TIONS COI	ED .	ATION			AUTOPSY?
LYING	DENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact	location)
S CAUSE OF	(Month) (Day) (Year)		21E. INJURY OCCURRI		Y OCCUR?		
22. I here	by certify that I att	ended the	deceased from Mar	10 1957, to			last saw the
deceased	23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
24A. BURIAL,	CREMA- 24B. DATE		M. D. 24C. NAME OF CEMETE		OCATION (City, town	17	
Burial	(Specify) 10/2/5				rel. Md.		
						ABDRES	S
VS 150	Ac Lar	Ô	y bear and	008671	Salto 1	7 m	d.



LUCIAN HARRIS BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8976 8976 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF unis DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITH OR TOWN (If outs de corporate limit), write RURAL and give INSTITUTION township) D. STREET ADDRESS (If/rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED ff Under 1 Year last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) lan Apr. 13, 1901 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Harris Julia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no nr nnknown) ADDRESS (If yes, give war nr dates of service) SECURITY NO. Viola Harris 1043 Chaple St. INTERVAL BETWEEN 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CAL YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in nr (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that Lattended the deceased from , 19 Lahat I last saw the , 19\_52 and that death occurred at 73 deceased alive on Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED

24A. DURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATORY 10/2/52

Juntington

Arbutus REGISTRAR'S SIGNATURE

Arbutus, Md;

240. LOCATION (City, town, or county)

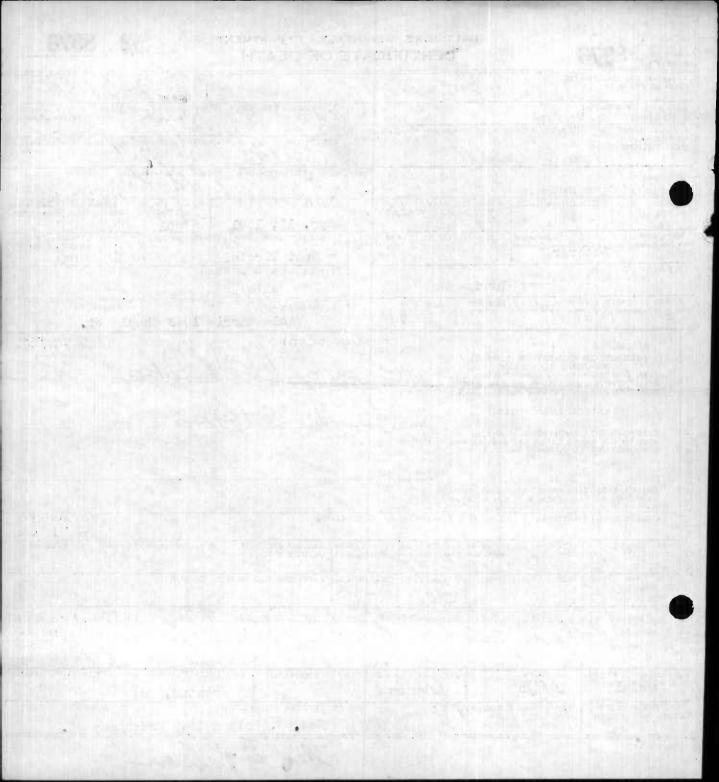
25. FUNERAL DIRECTOR

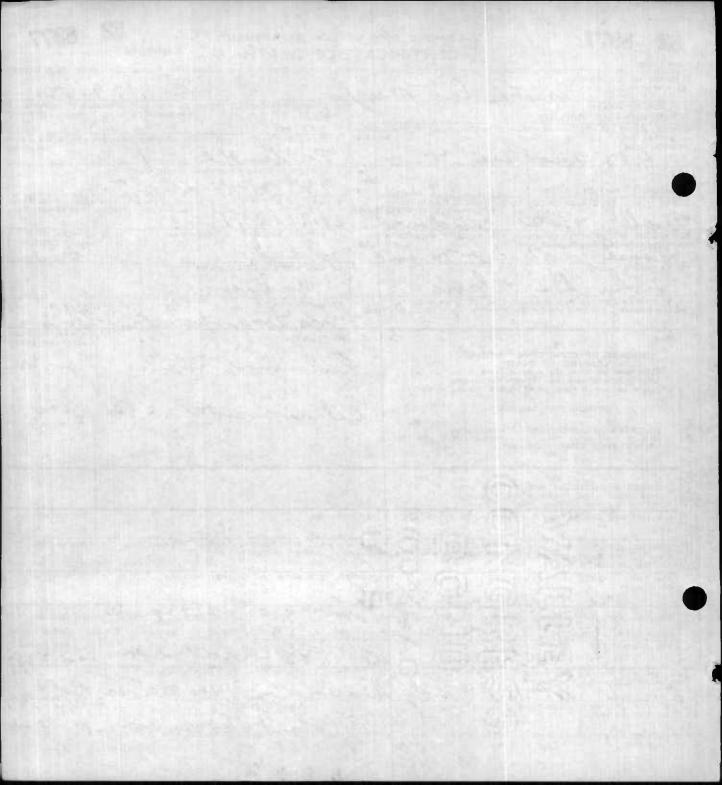
ADDRESS Geo. G. Kelson 1303 Presstman St. (State)

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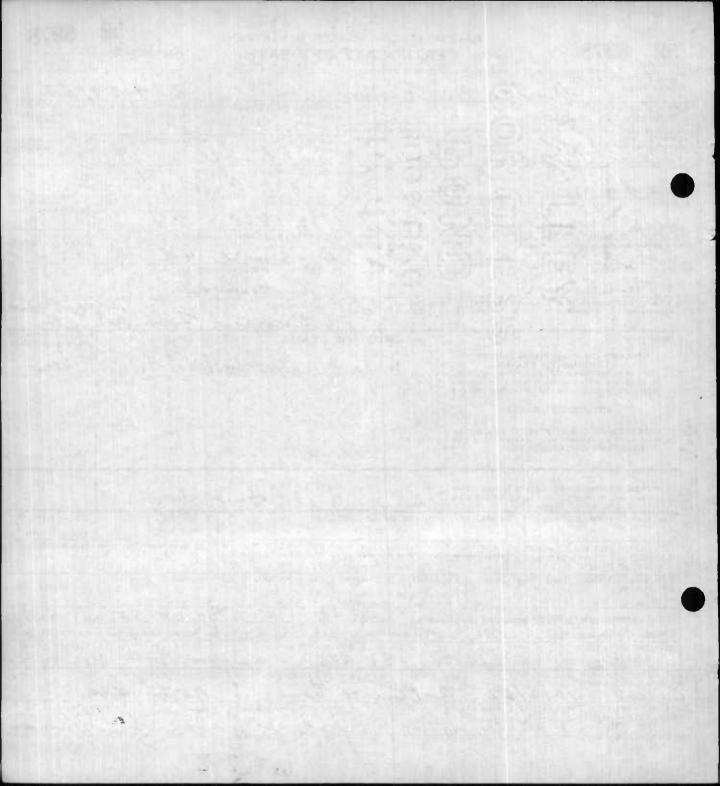
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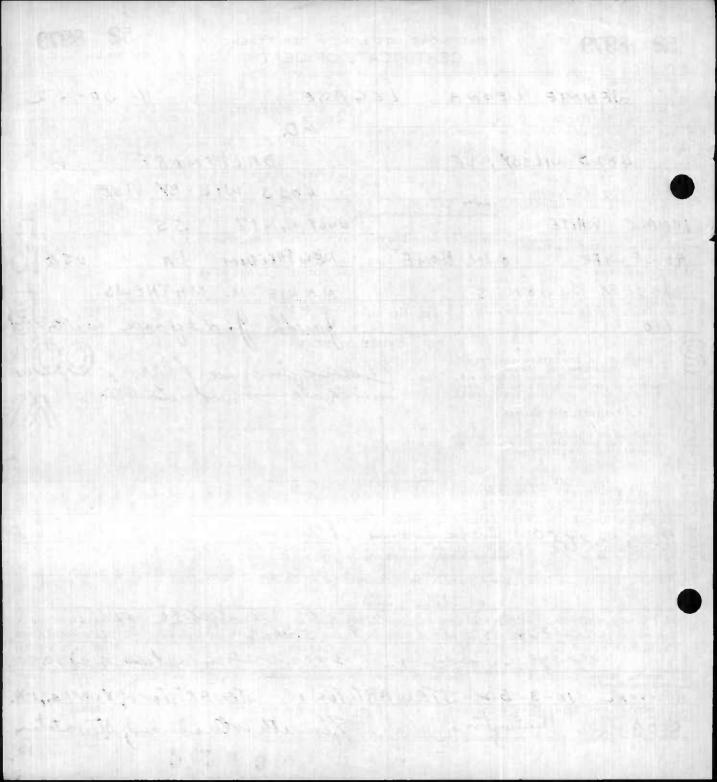
В	52 8	978			NN, EALTH DEPARTMENT E OF DEATH	52 Registered No.	0010	
1. (7	NAME OF D		02 B	. Tow	<b>B</b>	2. DATE OF DEATH 9/2	9/5-2	
Α.		EATH: City, Maryland	retur	71-14	4. USUAL RESIDENCE (V		titution : residence before admission	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	oital or institution	on, give street address of location		outside corporate limits,	write RURAL and give	
7	Aurily	ght Rurs	ung?	74 ome Yrs.	Baltimor	rural, give location)	-0.3 township	
	ength of s	tay in Baltimore	Z	Mos. Days	112 1-N-	lington -	are	
yan	mele	6. COLOR OR RAC	Wilde	ED. DIVORCED (Specify	6/23/1868	9. AGE (in years last birthday) Mont	der I Yest   H Under 24 Hours hs: Days   Hours   Min.	
		CUPATION (Give kind of working life, even if retire		OF BUSINESS OR		oreign country) 1:	2. CITIZEN OF WHAT COUNTRY	
	FATHER'S	NAME		7	14. MOTHER'S MAIDEN N	AME		
11 00	5. WAS DECEAS	ED EVER IN U, S. ARM	ED FORCES?	16, SOCIAL	Muknow	***		
causes of	m, no or unknown)	(If yes, give war or de	stee of service)	SECURITY NO.	Mr Richard	- Tom ar	ling ton	
please write the carrier of TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING							
		THE ABOVE CAUSE (A		(C)	Seneity			
Physicians: CERTIFICA	TRIBUTING	II SIGNIFICANT CON S TO THE DEATH, BU	T NOT RELATE	RILLA	, due to Netwisp	pelerosis		
1	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
important.		DENT WAS UNDER R CONTRIBUTING[ DEATH	2 .1 .	CE OF INJURY (e. g., rm, factory, street, office bldg		If in Baltimore City, giv	1	
[mi		(Month) (Day) (Yes		IE. INJURY OCCUR		Y OCCUR7		
			m.	WORK NOT WHILE		//		
especia		y certify that I a live on Self 2f		deceased from		he causes and on the		
20	23A SIGNA		minasel	6 40	940 W. Lomb-	no 82 1	23C. DATE SIGNED	
T age	4A. BURIAL.	CREMA-1 248 DATE		4C. NAME OF CEMET		OCATION (City, town, or		
correct	ATE RECEIVE OCAL REGIST	RAR 1	R'S SIGNATU	RE ALLIANA M. P	25 FUNERAL DIRECTOR	wan soon	Nollins	
	VS 150	low vn - n .	0	E 2 G	00807	3		



# BALTIMORE CITY HEALTH DEPARTMENT

52 8979

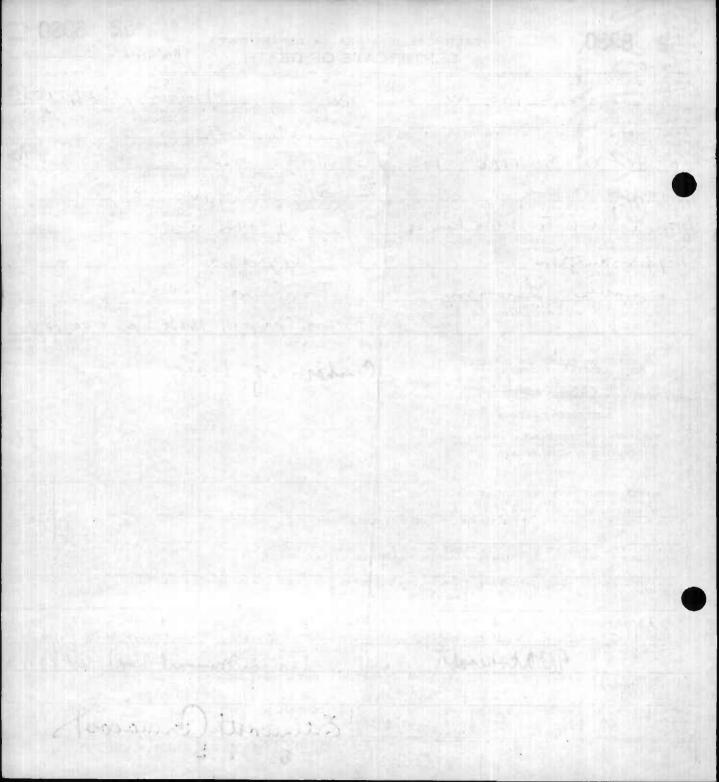
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.					
1. NAME OF DECEASED	2. DATE					
(Type or Print) JENNIE LEONA LEG	ASS E DEATH 9-30-52					
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence					
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)					
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
4623 WILSBY AVE	BAITIMORF 9-0 (township)					
Yrs.	o. STREET ADDRESS (If rural, give location)					
ength of stay in Baltimore Days	4023 WILSBY AVE					
5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WHOWED DIVORCED (Free(fy))	8. DATE OF BIRTH 9. AGE (In years     Under     Year     Under 24 Hours   Min.					
FEMALE WHITE	JULY 31, 1897 55					
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
work done during most of working life, even if retired)  ##OUSE WIFE  OWN HOME	MEW FREE DOM PA WHAT COUNTRY!					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
JOSEPA S. JONES	MANIE M. MATHEWS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT A ADDRESS					
(Yee, no or whitnown) (If yes, give war or dates of service) SECURITY NO.	Jackly of Ladrage Roltoma					
CAUCE	INTERVAL BETWEEN					
	OF DEATH ONSET AND GEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arcinomes of Cervin 2/2 grs					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	41 4 0 1 1 +					
injury or complication which caused death.) OUE TO	els stenerally melastasia					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
0						
E (c)						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If in Baltimore City, give exact location)					
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e						
\[ \begin{array}{ c c c c c c c c c c c c c c c c c c c	ED 21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHILE						
m.   work   AT WORK						
22. I hereby certify that I attended the deceased from 270	20, 1952, to Sept 30, 1952, that I last saw the					
	rred at 5:004 m., from the causes and on the date stated above					
23A. SIGNATURE Lloud & Saulas 2	39 62 Greenmount dos Sept. 30, 45					
24A. BURTAL, GREMA- 24B. DATE 24C. NAME OF CEMETE						
TION, REMOVAL (Specify)						
REMOVAL 10-3-52 STEWART	STEWANTSTOWN XORKUM, PA					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	THE AND SET AT					
SEP 30 1953 Huntington Wallacus, M.	Fenneth Worshurn, Stewartelany					
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1 3 5 2	0 0 0 0					



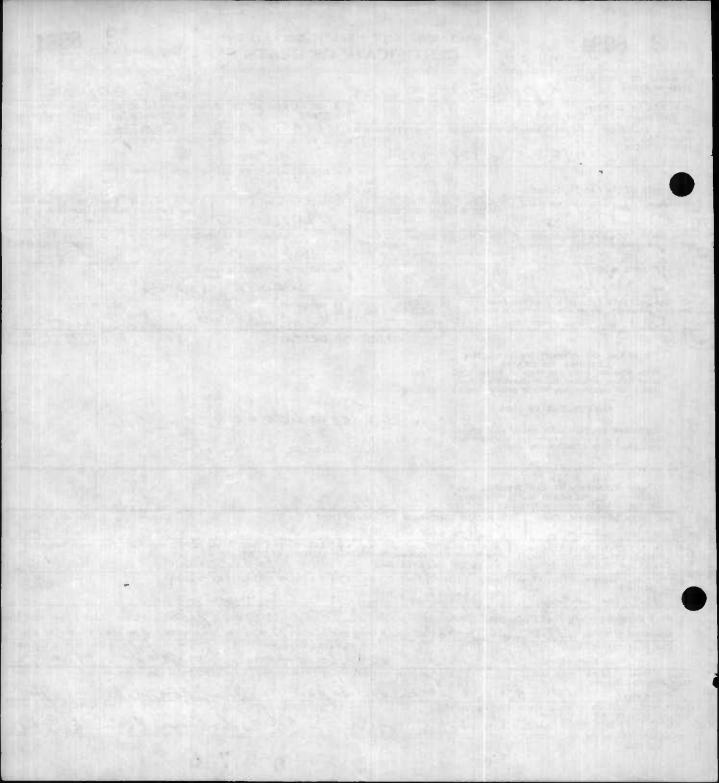
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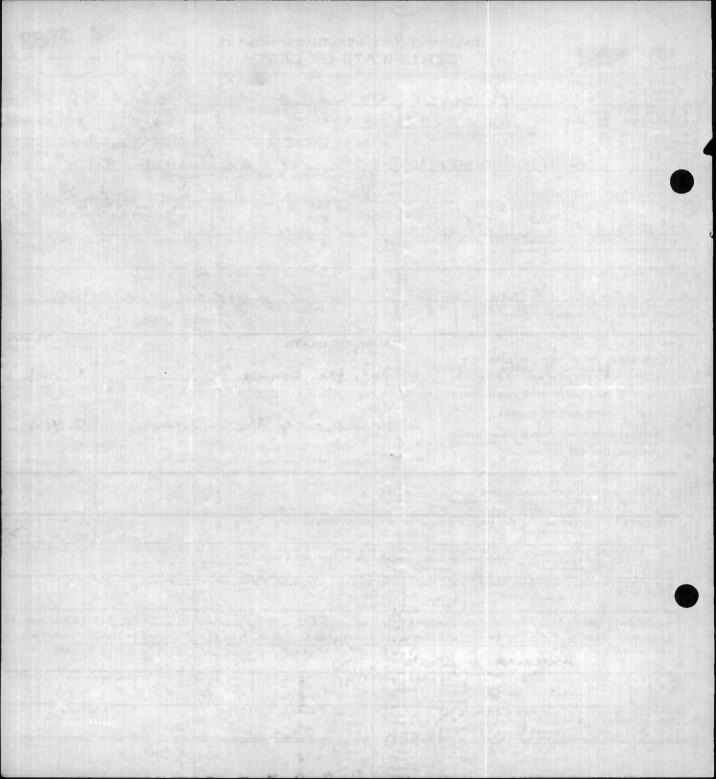
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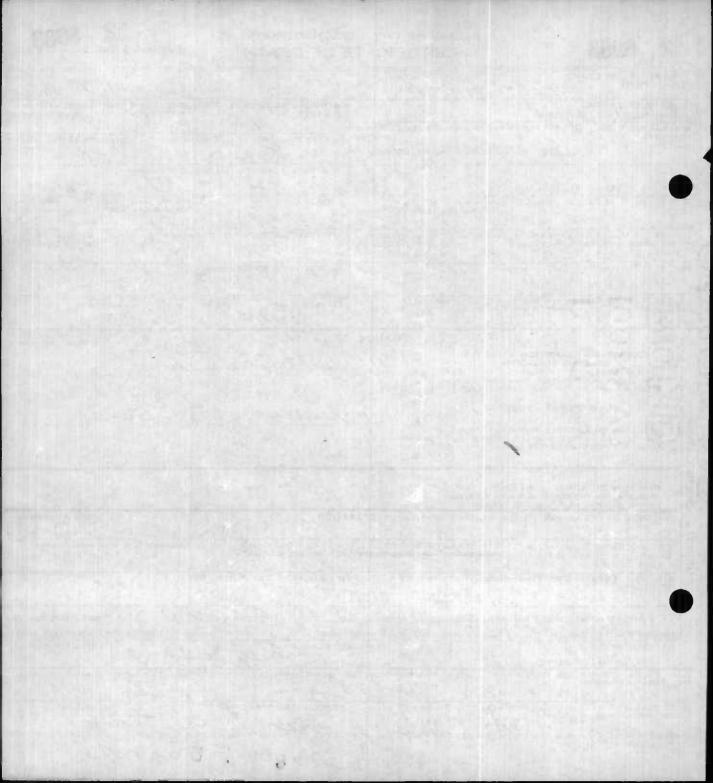


11 2	400	*					
	52 8981 / BALTIMORE CITY HE	EALTH DEPARTMENT 52 SQQ4					
	52 8981 Res. CERTIFICATION	E OF DEATH Registered No.	_				
1	. NAME OF DECEASED	2. DATE	=				
C	Type or Print) K FITHERINE KELLY	OF 9/30/52					
	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY LOW ACTION OF Admission	n)				
В	. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND					
	INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi					
	ength of stay in Baltimore O Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)					
5	SEX 6. COLOR OF RACE 7. SINGLE MARRIED,	8. DATE OF BARTH 9. AGE (in years   11 Under 1 Year   11 Under 24 Hou					
2	F Negro WIDOWED, DIVORCED (Specify)	1/30/54 42	n.				
wo	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during plast of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OOUNTR	Y?				
5 -	Work	MARGLAND	_				
The last	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MASICA JONES	_				
(Y	(If yos, give war or dates of service) SECURITY NO.	William Kelly Simbsonvelle	20				
	18. 57/.0 CAUSE	OF DEATH INTERVAL BETWEE					
16	DISEASE OR CONDITION DIRECTLY						
3	(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) OUE TO						
9	ANTECEDENT CAUSES	enerope a cidorá					
plea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	111-6					
∢	UNDERLYING CONDITION LAST.	ercha & localing					
CERTIFIC							
RTI	OTHER SIGNIFICANT CONDITIONS CON-						
E							
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER						
DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (c. g., t	in or   21c. WHERE DID (If in Baltimore City, give exact location)					
а.    ш	CAUSE OF DEATH & 10	otc.) INJURY OCCUR?					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E NJURY OCCURR	ED 21F. HOW DID INJURY OCCUP?					
	Work MILE AT NOT WHILE AT NOT WHILE AT APWORK						
ecis							
especi		rred at 2 7 m., from the causes and on the date stated abou	ve.				
1S	0 0 0 0 0 0 0 0 0 0	238. ADDRESS 23c. DATE SIGNE	.D				
00 Z	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify)	ERY OR CREMATORY 24b. LOCATION (City, town, or county) (State	e)				
	Buria 10-152 Jocust C	habel Simbsonville mes	0				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE,	28. EUNERAL DIRECTOR ADDRESS					
ě l	SEP 30 1952 Tuntington Williams, M.D.	p. Higusterthon Eduate City					
	VS 150						
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16	,20				Y	<	50	0	0 -	
ВІ	52 89 RTH NO.	983		CERTIFICATI	E OF DEATH	Regist	ered No.	8	983	
	NAME OF D	GCOT 90	~ /f/	irsch		2, DATE OF DEATH	Sept.	28	1952	
	PLACE OF D Baltimore	City, Maryland		/	4. USUAL RESIDENCE (W	here deceased I			residence re admission)	
	FULL NAME			ion, give street address or location)		outside corpora	A. Co	rite DIT	DAI and give	
IN	ISTITUTION	South to	altur	ore Guerral H	Back	•	we minites, w		township)	
	mulli se s	4- '- D 11'		Yrs. Mos.	D. STREET ADDRESS UIT	rural, give local	tion)	1 94	ed et	
5	sex	stay in Baltimore	7 SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in y	ears W Under	2 (33 or 1 Year	If Under 24 Hours	
	24.	w		VED, DIVORCED (Specify)		last birthd	a) Month	s Days	Hours Min.	
		CCUPATION (Give kind of a Morking life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12	CITIZ WHAT	EN OF COUNTRY	
13	FATHER'S	NAME		Tinunae (m)	14. MOTHER'S MAIDEN NA	ME .				
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If you, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT FAMIL	- Ja	ME	RESS		
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  CAUSE OF DEATH  (A)  Statesdural Tobuluresum  (B)  OFFICE OF DEATH  (A)  Statesdural Tobuluresum  (B)  OFFICE OF DEATH  (C)  (C)						tomore	ONSET	AL BETWEEN		
CERT	TRIBUTING	BIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D						
7	19A. DATE	OF OPERATION   1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?		
CA	214 ACCIE	DENT WAS UNDER-	1 21B. PLA	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore	City, give	exact	NO	
EDI		R CONTRIBUTING	about home,	farm, factory, street, office bldg.,						
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		777		
	OF INJURY  MHILE AT NOT WHILE AT NOT WHILE AT WORK									
	22. I hereb	y certify that I att	ended the	deceased from Jay	of. 28, 1952, 10	Sept. 28	, 19574	hat I l	ast saw the	
	deceased alive on Sept 28, 19 52 and that death occurred at 5:124m., from the causes and on the date stated abov									
	23A. SIGNA	MAIL			Bouth Butto 5	cul Ho	20. 2	3c. DA	TE SIGNED	
24 TI								(State)		
	ATE RECEIVE	D BY   REGISTRAR		1	25. FUNERAL DIRECTOR	Kee	AI AI	DDRES	S	
L	DCAL REGIST	Tanta	aton /	Villiams N.D.	der T.	Les &	een	1		
	SEVS 158 1352 19 59230 1830 & TORASE.									



8984 BALTIMORE CITY HEALTH DEPARTMENT 8984 Registered No\_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OTTITE M. STEDMAN DEATH Sept. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Balto. HOSPITAL OR Gen.German Aged Peoples of Home c. CITY OR TOWN (If outside corporate limits, write RURAL and give 22 S. Athol Ave Citv D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 22 S. Athol ave Life Days 9. AGE (In years If Under I Yeer last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female May 1,1870 Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? own home Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Hacker Sophie Gude 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Sr. Fredericka, 22 S. Atholave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 2 WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I aftended the deceased from Feb , 1950, to 29 1951, that I last saw the deceased alive on 29 7 1952, and that death occurred at 5:00 fm., from the chuses and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C/NAME OF CEMETERY OR PREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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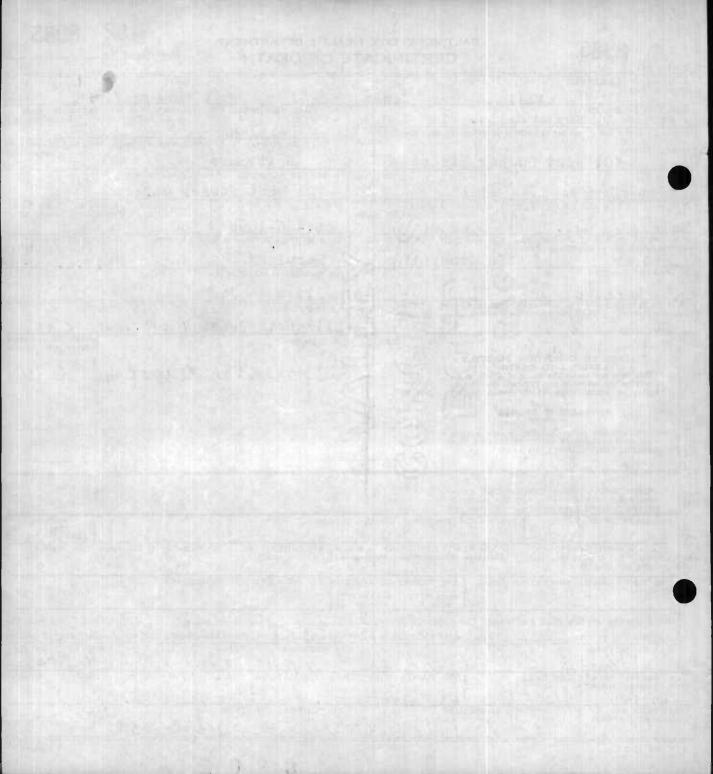
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### BALTIMORE CITY HEALTH DEPARTMENT

52 8985

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH9/26/1952 Williams Jones 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland ' B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 701 West Mosher Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 701 West Mosher Street c. Length of stay in Baltimore Life Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | If Under 24 Hours | last birthday | Months; Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Single Col. Oct.-25-1885 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maruland Laborer In General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Eliza Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO Elizabeth Jones 701 W. Mosher St 18. 421.4 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chronic balvelar deseased heart LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED W TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE! AT WORK , 19 48 to 4 - 26 - , 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ , 1952, and that death occurred at 1:450 m., from the causes and on the date stated above. deceased alive on a\_ 23A. SIGNATORE 238. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE (State) 9/30/1952 Mt. Calvery Brooklyn Md. Cem. DATE RECEIVED BY RÉGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Juntington VS 150



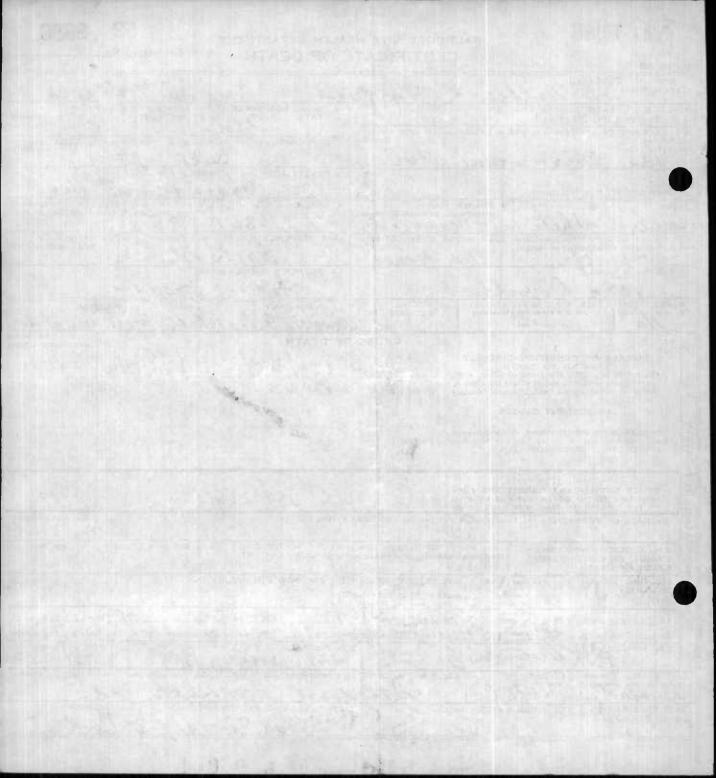
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## BALTIMORE CITY HEALTH DEPARTMENT

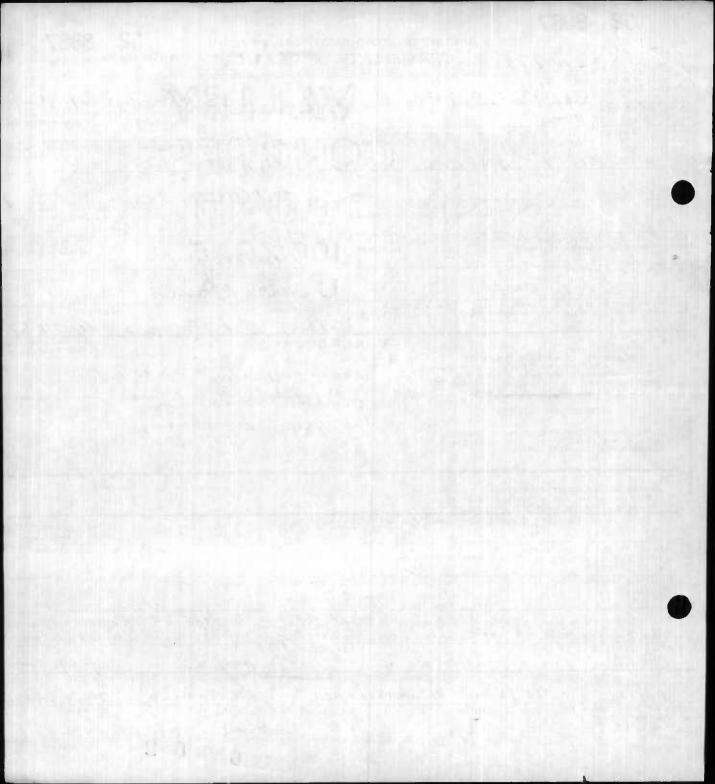
52 8986
Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Nellie L. Halfo	2. DATE 0F 0F DEATH 9/28/3-2					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION						
1321 Grzznmount ave	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Mos.  Days	1321 Green mount ave					
Rmaly Whetz Markied	8. DATE OF BIRTH 9. AGE (In years last birthon) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired)  Our House	Intland					
13. FATHER'S NAME / Vohn Devally	Bridget Grogan					
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	trancia 9. Ga tehell Green mount are					
18. 422./ 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Disease					
injury or complication which caused death.) DUE TO						
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	brol Scherosis 44+5.					
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?					
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  m. WORK NOT WHILE AT WORK AT WORK						
22. I hereby certify that Lattended the deceased from 1976, to 507. , 197, that I last saw the						
dcccased alive on 247, 197, and that death occu	23B. ADDRESS 23C. DATE SIGNED					
24A. BURIAL. GREMA- 24B. DATE 24C. NAME OF CEMET.	FRY ON CREMATORY   24D. LOCATION (City, town, or county) (State)					
Buneal 10/1/52 Cathe	dred Balto. Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	WM Cook Inc. 1217 St. Paul ST.					
VS 150						

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11	52 8987				
1	N=100	E OF DEATH Registered No.	987		
	NAME OF DECEASED				
(7	Type or Print) ALEXANDER R. RIFFE	2. DATE OF LOLA 20	2 1943		
	PLACE OF DEATH:	DEATH Sept. 23			
В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MARYLAND B. COUNTY b	efore admission		
	OSPITAL OR location		RURAL and giv		
2	MERCY HOSPITAL	BALTIMORE	wasnip		
	Anoth of stay in Politican 9 1/2 Mos.	D. STREET ADDRESS (If rural, give location)	12-		
	Length of stay in Baltimore 2/2  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Yea	I If Under 24 Hours		
	MIDOWED, DIVORCED (Specify		ys Hours Min.		
10	A. USUAL OCCUPATION (Give kind of LOB, KIND OF BUSINESS OR	11. PIRTHELACE (State or foreign country)   12. CIT	IZEN OF		
	k done during most of working life, even if retired)	MARYLAND	AT COUNTRY		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	FOREST RIFFE	MARY R BLOOM FIELD			
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
_		FORREST D. RIFFE, 1607 W. Fep	VETTE ST		
			RVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
	injury or complication which caused death.) DUE TO Market Emderation				
7	ANTECEDENT CAUSES  (B) Pauciea tri Somblierener				
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO				
18	UNDERLYING CONDITION LAST.				
RTIFIC					
CE	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ب	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20	. AUTOPSY?		
DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., ;	in or   21c. WHERE DID (If in Baltimore City, give exact			
[1]	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?			
	OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from		I last sam th		
	deceased alive on aget 29, 19 , and that death occur				
	11 - 7	23B. ADDRESS   23c. [	DATE SIGNED		
24	AA. BURIAL, CREMA- 24B. DATE 246. NAME OF CEMETE	Melly Why fal 9-	y) (State)		
TIC	BURIAL 10/1/52 U.S.NATION		nula de		
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRE	SS		
8	DOGAL REGISTRAR	Wow Coole Aug 1212 ST Par	15		
VS 150 Tuntington Vallatus, My					
	Q que	00008904			



19B. MAJOR FINDINGS OF OPERATION

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or |

Villonwa

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21E, INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE [ WHILE AT

WORK

22. I hereby certify that I attended the deceased from.

deceased alive on Seft. 21, 1952 and that death occurred at 1:00 nm., from the causes and on the date stated above.

24C. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY I REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

21F, HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

24D. LOCATION (City, town, or county) ADDRESS

(If in Baltimore City, give exact location)

20. AUTOPSY

YES

. 19 Sthat I last saw the

23c. DATE SIGNED

LOCAL REGISTRAR Juntington VS 150

OF INJURY

23A. SIGNATURE

MAICH

24A. BURIAL, CREMA- 24B. DATE

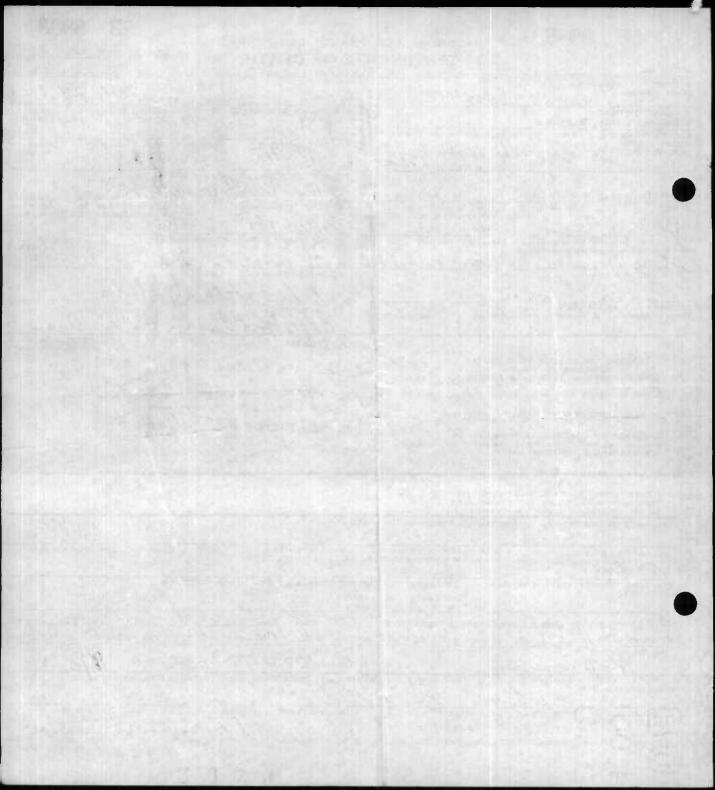
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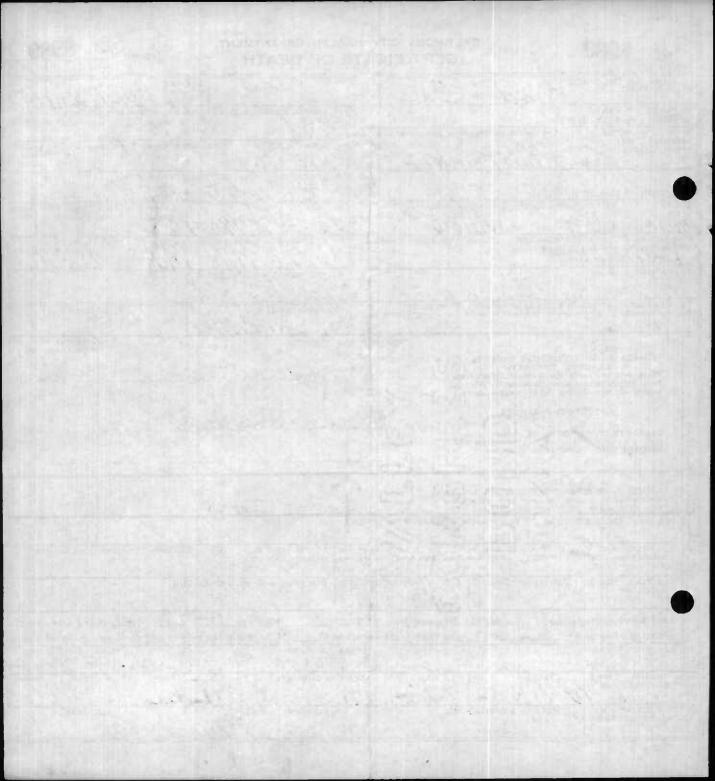
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## BALTIMORE CITY HEALTH DEPARTMENT

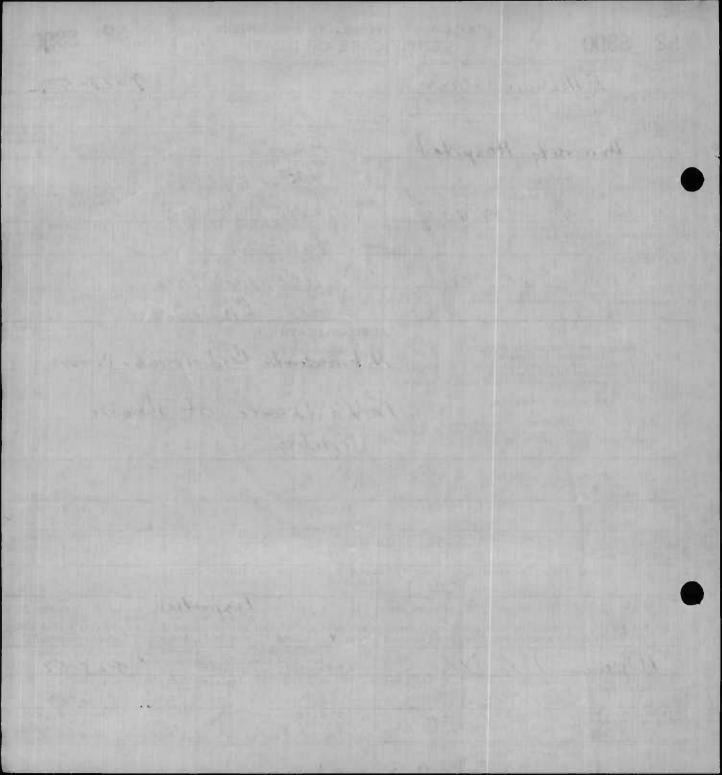
Registered No. 8989

BIRTH NO.						
(T	NAME OF DECEASED (ype or Print)	der Emon	V		2. DATE OF DEATH SE	pt, 27, 1952
Α.	Baltimore City, Maryland		1	4. USUAL RESIDENCE (	Where deceased lived. B. COUNTY	If institution residence before admission)
H	FULL NAME OF (If not in hospit DSPITAL OR ISTITUTION	tal or institution, give street ad		CLEY OR TOWN (I	f outside corporațe lir	nits, write RURAL and give
	033/1/10	STRICKERS	t.	130/10.	19	-0   township)
	length of stay in Baltimore		Yrs. Mos. Days	5. STREET ADDRESS	nich wh	St.
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	(8	DATE OF BIRTH	9. AGE (in years last hirthday)	If Under I Year If Under 24 Hours Min.
10	A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS	OR I	I. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
WOL	de heduring fost of working life, even if retired)	IND	USTRY	lextervill	e Md.	WHAT COUNTRY?
13	FATHER'S NAME		1	4. MOTHER'S MAIDEN N	IAMES	
11	. WAS DECEASED EVER IN U. S. ARMET	D FORCES? / 16. SOCIAL		101/10		
(Ye	(lf yes, give war or date	se of service) SECURITY	NO.	BY. LEVI MIL	ler	ADDRESS
	18. 420,2		USE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEAT	TH	m	meardi	tio	lengthon
	heart failure, asthenia, etc. It mea injury or complication which c	ans the discase.				
	ANTECEDENT CAUS	SES	at 1	= = = = = = = = = = = = = = = = = = =		
ATION	DISEASES OR CONDITIONS, II	F ANY, GIVING STATING THE DUE TO		سه جسو	معرص	<b>*</b>
CAT	UNDERLYING CONDITION LA	AST.		***************************************	***************************************	
TIFIC	11					
ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT	NOT RELATED	6 .	Post		
U	19A. DATE OF OPERATION 1	198. MAJOR FINDINGS OF	OPERAT	TON	£3	20. AUTOPSY7
CAI	ALL ACCIDENT WAS HARRED	Late Blace of Industry	( )	Late Wises Big	Te in Division City	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING   21b. PLACE OF INJURY (a. g., in or LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., etc.)					, give exact location)	
P	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY					
	m. WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from \$ -13 , 1962, to 7 - 27 , 1952, that I last saw to deceased alive on 9 - 26 , 1952, and that death occurred at 11 fm., from the causes and on the date stated about						
	23A. SIGNATURE	z, 10 7 5. and that death	23B	. ADDRESS	A CA	23c. DATE SIGNED
2/	IA. BUNIAL, CREMA- 248. DATE		. D.	0.76 NV 20	OCAMON (City, tow	n, or county) (State)
9	NA. BURIAL, CREMA- 24B. DATE	952 and	72	emoriosel a	land to a	SMA_
	ATE RECEIVED BY   PEGISTRAR'	'S SIGNATURE	2	5. FUNERAL DIRECTOR		ADDRESS 322
=	SEP 30 1952 Tun	tington Williams	L. M79	10 Xatie (KW)	lliuma N	Schucker St
	VS 150	-970	9.9.	0 8 9 8	4	
		1	MI		The state of the s	

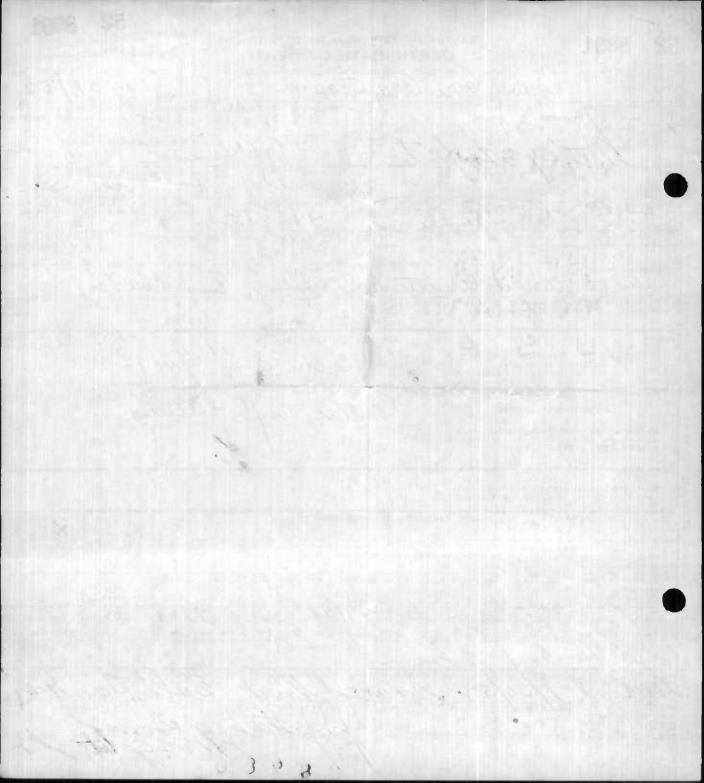


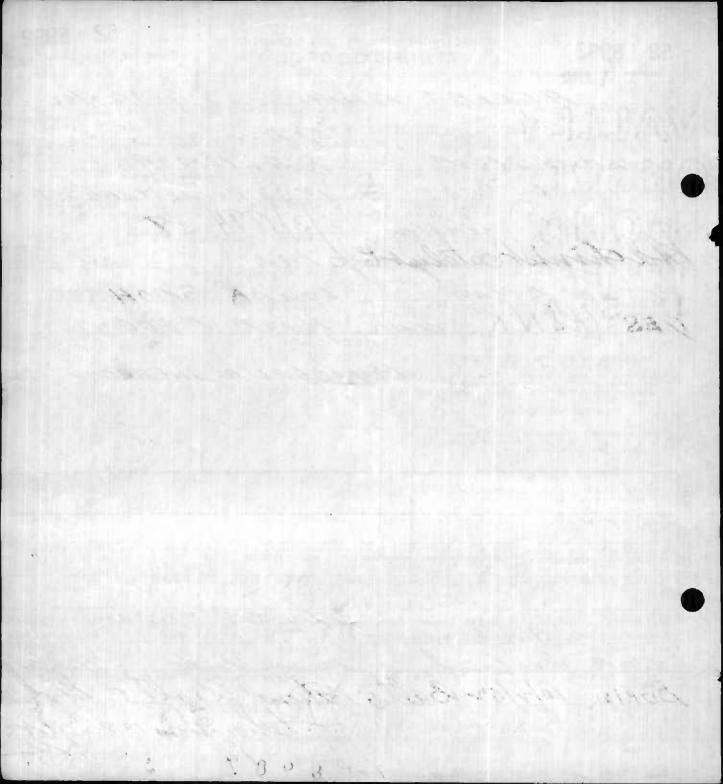
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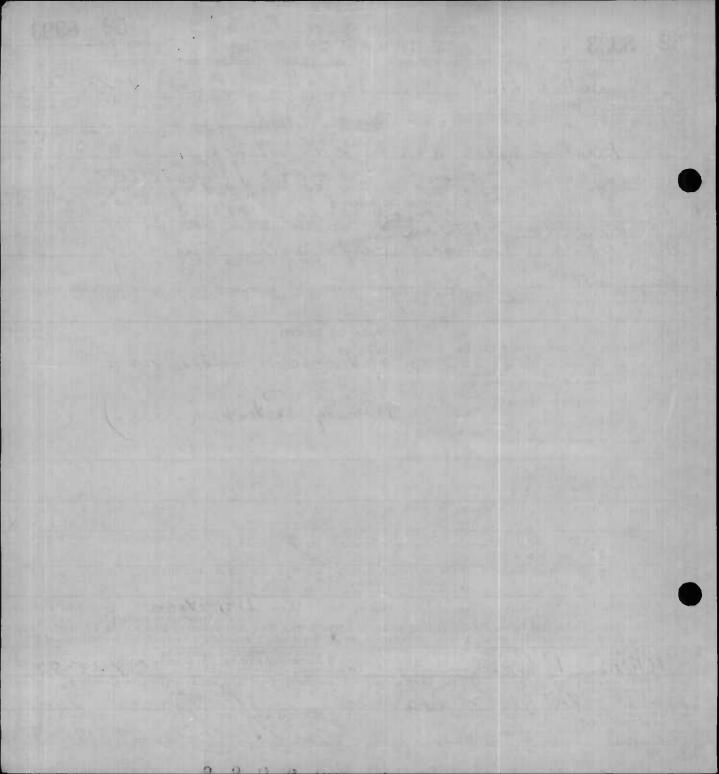


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BIR	0.000	E OF DEATH	Registered No			
	1. NAME OF DECEASED Daley Girl, arystroug 2. DATE OF 9/281.57					
A. I	PLACE OF DEATH: Baltimore City Maryland	A. STATE No	Where deceased lived. If instit	ution : residence before admission)		
HOS	ULL NAME OF (If not in hospital or institution, give street address, spiral or localist		outside corporate limits, wri	te RURAL and give		
	ength of stay in Baltimore Yrs. Mos. Days	11111	N Calvert	- S+:		
5. 9	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9/18/52	9. AGE (In years lil Under I last birthday) Months			
work d	. USUAL OCCUPATION (Give kind of lone during most of working life even if retired)  INDUSTR	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?		
13.	FATOLER'S NAME Harold arrustions	14. NOTHER'S MAIDEN W	un Clutor			
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 10.	17. INFORMANT	ADDRE	ess		
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	le claus e/		NTERVAL BETWEEN		
0	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?		
MEDICAL	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	"etc.) INJURY OCCUR?	If in Baltimore City, give e	YES NO Xact location)		
	OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	E				
	22. I hereby certify that I attended the deceased from deceased alife on 9/28, 1982, and that death occurrence of the second occurrence occ	9/25/, 1912/to_	he causes and on the da			
244 DURIAL (REMA-) 24B. DATE ( 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City fown of county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR ADDRESS  SFP 30 1952 + tinston Williams, M.F. C. Handely House						
VS 150						





5	E9 6666	EALTH DEPARTMENT 52 E OF DEATH Registered No.	8993		
	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	28-52 stitution; residence before admission)		
oly.	B. FULL NAME OF I not in hospital or institution, give street address or location) INSTITUTION  FYENKlin Square Has pilal  Yrs.  Mos.		write RURAL and give township)		
y and legi	Length of stay in Baltimore  Days  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED. WIDOWED DIVORCED Specify)  10A. USUAL OCCUPATION (Give kinded)  10BARD DE BUSINESS OR	Jan. 30, 1876   laft birthday) Mont	der I Year In Under 24 Hours hs Days Hours Min.  28		
death clear	13. FATHER'S NAME  15. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL	14. MOTHER'S MAIDEN NAME	WHAT COUNTRY?		
the causes of	(Yes, no or unifown) (If yes, give war or dates of service)  18. (Yes, no or unifown)  18. (If yes, give war or dates of service)  18. (Yes, no or unifown)  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g.,  (A) AVCYPOSCLEYOFIC AND INSTALLABLE OF THE SECONDIC AND INSTALLABLE				
ase write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ary Redendion			
nysicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
4	U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
ortant.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., uting Cause of Death.				
y imp	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT WORK AT WORK	E			
especiali	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \).				
si age is	234. S GNATURE Voloville M	23B. CHIEF MEDICAL EXAMINER 23C.	DATE SIGNED		
COLLEC	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  ED 3 0 1052		DDRESS		
3	Vs 151	Jred A Voll 1913	W. Ballo, St		

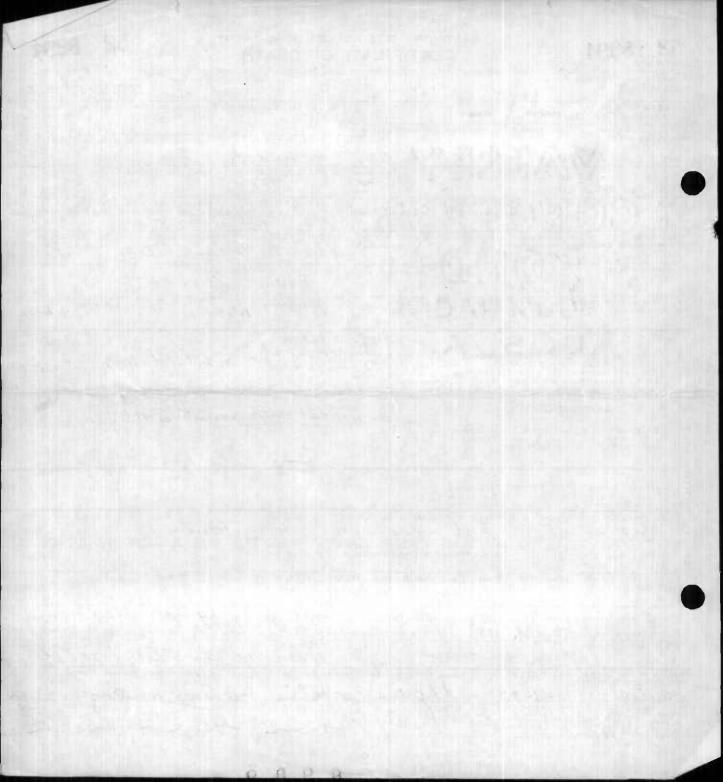


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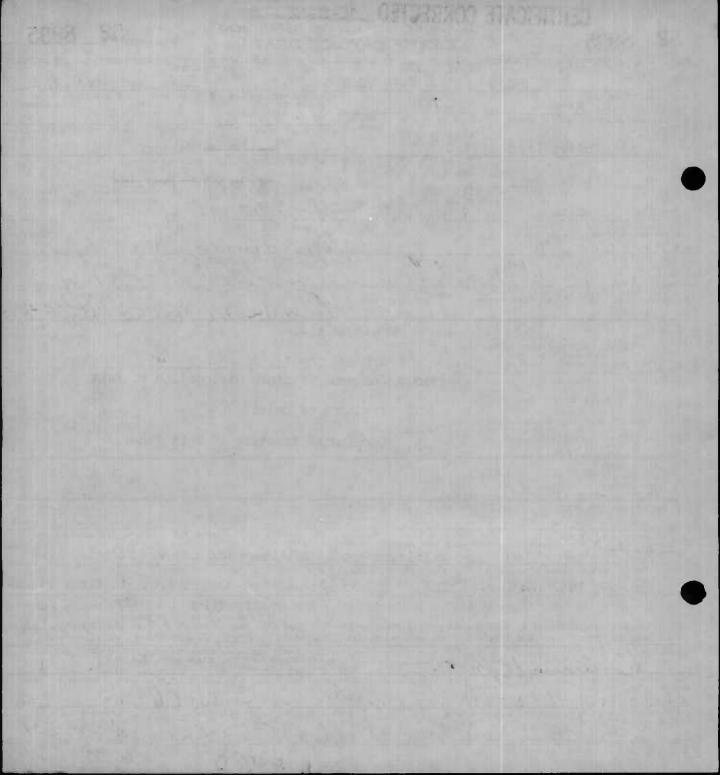
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important.



Registered No CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) WINSTEAD HELEN DEATH September 29 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland "I not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give University Hospital Baltimore Waldorf o. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Spring Grove Hospital Davs 6. COLOR OR RACE 9. AGE (In years | fi bader | Year | II Under 24 Hours | last bigthday) | Months | Days | Hours | Min. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED, Specify) Female White 10A. USUAL OCCUPATION (Givekind of clearly 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT-COUNTR House 13 EATHER'S NAME death WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL Yes no or uaknown) (If yes, give war or dates of service) JO SECURITY NO causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crushed chest (This does not mean the mode of dying, e.g., beart failure, asthenia, etc. It means the disease, xxxxx Compound fracture dislocation of left injury or complication which caused death.) elbow ANTECEDENT CAUSES Fracture of pelvis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE XXXXX UNDERLYING CONDITION LAST. Comminuted fracture of left femur Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT NO X important. 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Baltimore and Hanover Streets Lord Baltimore Hote. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Jumped to pavement from 5th floor window Sept. 2 4:30 P.m. 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 102 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C LAME OF CEMETERY OF CREMATORY 24D, LOCATION, (City, town, or county) DATE RECEIVED BY 25 FUNERAL DIRECT DPRESS LOCAL REGISTRAR 862.0



medical Examiners case GENTAM	50			
BIRTH NO.52 8996 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.	8996		
1. NAME OF DECEASED (Type or Print) Exther Mentry	2. DATE OF DEATH Soptem	un 28,1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Ideation)  C. CITY OF TOWN (If	B. COUNTY	tution: residence before admission)		
INSTITUTION JOHNS HOPKINS HOSPITAL Bultimase	outside corporate limits, wr	township)		
E. Length of stay in Baltimore 13 Ups . Mos. Days 1327 N.	Bund St	1 Year   It Under 24 Hours		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 11-14-16  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or for	last birthday) Months	Days Hours Min.		
work done during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NA	C.	WHAT COUNTRY?		
Juliher ymen Wella Is	reen			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPE	(INS HOSPITAL	INTERVAL BETWEEN		
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON-	lrombosi	DNSET AND DEATH		
TRIBUTING TO THE DEATH, BUT NOT RELATED				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
☐ LYING☐ OR CONTRIBUTING☐ about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	exact location)			
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from 9-25, 1952 to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 330 pm., from the causes and on the date stated above.				
23A SIGNORE to Phapland M.D. JOHNS HOPKINS HO	SPITAL 2	3c. DATE SIGNED 9-52		
TION REMOVAL (Specify) Sept 31/5-2	SCATION (City, town, or of	o. C		
LOCAL REGISTRAR SED 3 1 1059  REGISTRAR'S SIGNATURE Williams M. M. M. With U.	Elliott y dan	glitz		
Medical Examiner to copperove Certifi	11297 Carlo	is st.		

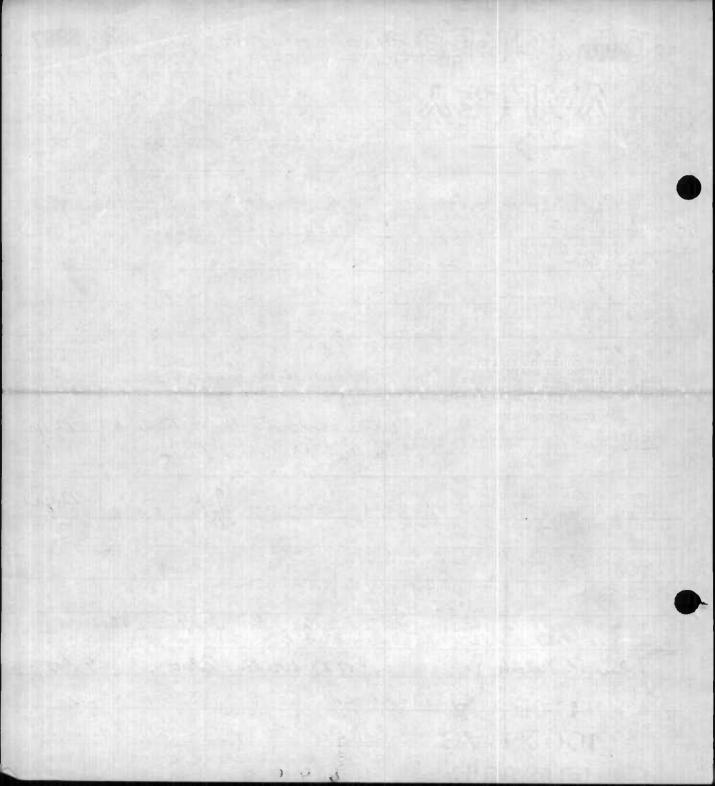
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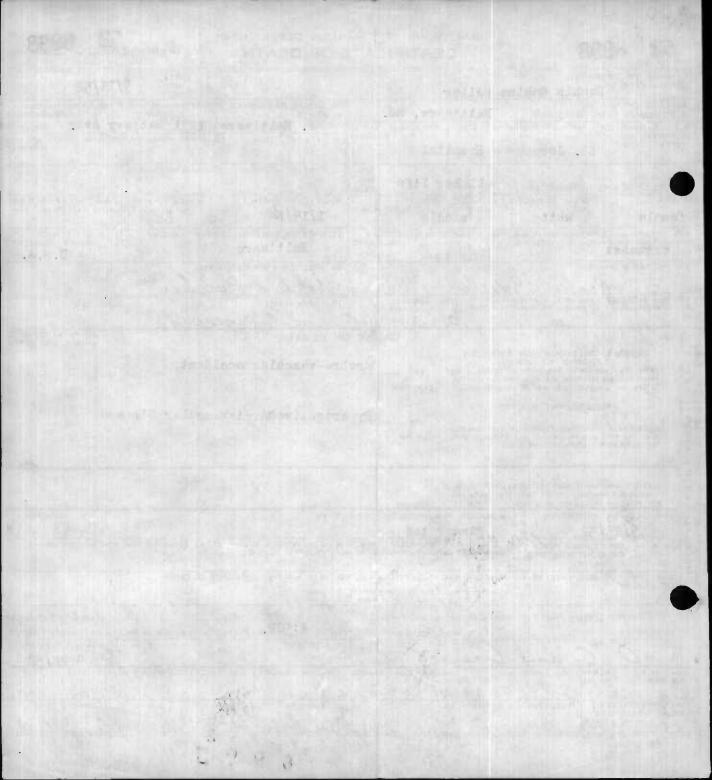
NOT A MEDICAL EXAMINER'S CASE

REPORT OF ASST. MEDICAL EXAMINER

VS 150



460.					
FD 6	000	BALTIMORE CITY H	EALTH DEPARTMENT	52	2 8998
BIRTH NO.	3998	CERTIFICAT	E OF DEATH	Registered No	0000
1. NAME OF (Type or Print)		nn Wailer		2. DATE OF DEATH 9/2	8/52
3. PLACE OF	DEATH:		4. USUAL RESIDENCE (W	here deceased lived. If in	
B. FULL NAME	City, Maryland OF (If not in hospit	Baltimore, Md.	Md. Baltimere	1231 Battery	before admission)
HOSPITAL OR INSTITUTION		Ho spital	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
W	St. Jespeh	-	D. STREET ADDRESS (If	rural, give location	2
ength of	stay in Baltimore	all her life Mos. Days		rural, give location;	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years	nder   Year   If Under 24 Hours ths: Days   Hours   Min.
female	white	single	1/19/84	68	
	CCUPATION (Give kind of to (working life, even if retired) <b>B</b> C		Baltimore	reign country)	WHAT COUNTRY
13. FATHER'S	NAME	1.0	14. MOTHER'S MAIDEN N.	AME	
	Rochus 9	Veeler	Sophia Be	lchert	
15. WAS DECEA	SED EVER IN U. S. ARMEI		17. INFORMANT	AD	DRESS
	no	219-30-9886	Hospital re	cerda_	
18. 44	3X 1	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
heart fail	es not mean the mode of lure, asthenia, etc. It mes	ins the disease,	5 D 1 0 1 1 C 5 C C 1 C C C C C C C C C C C C C		
injury o	r complication which	caused death.) DUE TO			4 / 6
7	ANTECEDENT CAUSES  Hypertensive CArdio vascular Disease				е
	ES OR CONDITIONS, I	F ANY, GIVING	<b>*************************************</b>	(9 0000 0000 0000 0000 0000 0000 0000 0	•••••••••••••••••••••••••••••••••••••••
LINDERI	YING CONDITION LA		***************************************	***************************************	
OTHER					
	SIGNIFICANT COND				A KITTER
	NG TO THE DEATH, BUT DISEASE OR CONDITION				
	OF OPERATION	19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
V 9/	DENT WAS UNDER-	Hammer too	in or   21c. WHERE DID (	If in Baltimore City, gi	ve exact location)
	OR CONTRIBUTING	ebout home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?		
21p. TIME	(Month) (Day) (Year	) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY		m. WHILE AT NOT WHILE			
22. I here	by certify that I at	tended the deceased from	, 19, to	, 19	that I last saw th
deceased		_, 19 and that death occu	arred at 8:50Pm., from t	he causes and on the	e date stated above
23A. SIGN	ATURE	00	238. ADDRESS		23C. DATE SIGNED
24A. BURIAL.	CREMA-  24B. DATE	24C. NAME OF CEMET	FRY OR CREMATORY   240	OCATION (City, town, o	9/28/52 or county) (State)
TION, REMOVAL	(Specify)	24C. NAME OF CEMET	P	OUNTION (ONLY, IOWA)	0 - 440
DATE RECEIV	100110	S SIGNATURE	25. FUNERAL DIRECTOR	A.A.	ADDRESS
LOCAL REGIS		- L Win.	Elunbeth Has	O. Face 115	E man IN
VS 150	Hart Hand	tigtor Hilliams, My	Congression F140	Ex VIIIAL: 113	o. IVELA
10 100	ANGULU WITH	O AFTERIL	W 0 0 9 9	5	
	Shotte at a 1				



FLORENCE M. ELL BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DEGEASED 2. DATE (Type or Print) urence OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A Baltimore City, Maryland before admission) HAVPOVO B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Church Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF H Under 1 Year WIDOWED, DAVORCED (Specify) st hirthday) Months Days Hours Min. 1 A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT SUNTRY? INDUSTRY Maryann Plunde mile 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Waidher 11 dinga 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 420.1 INTERVAL GETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION' 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 DICAL YES NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, sectory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? 11 CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE m. AT WORK 22. I hereby certify that I attended the deceased from. , 19 12 to 3 - 30 , 19 that I last saw the , 19, 12. and that death occurred at 4 Your, from the causes and on the date stated above. deceased alive on 234. SIGNATURE 23c. DATE SIGNED 24A. AURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. MAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR SIGNATURE ADDRESS 25. FUNERAL DIRECTOR

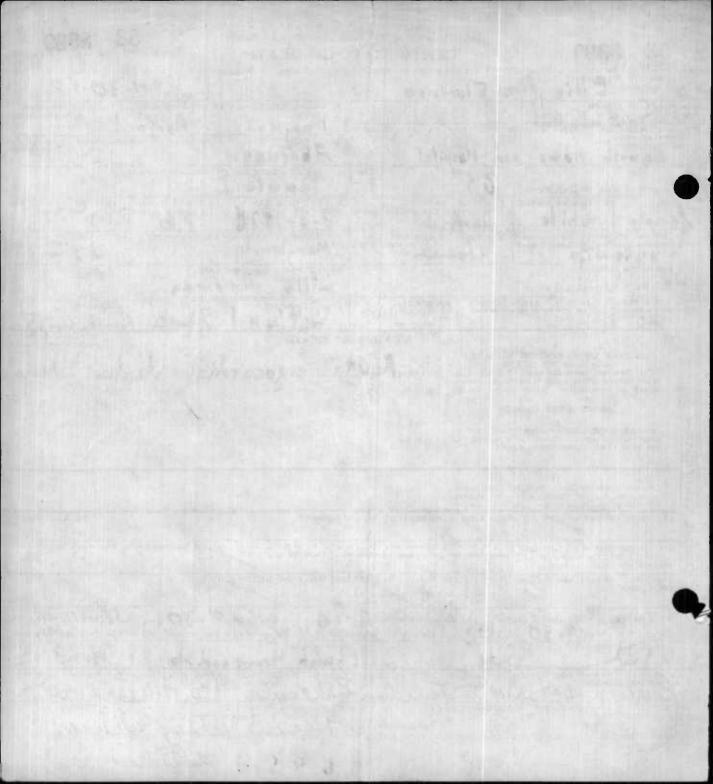
VS 150

LOCAL REGISTRAR

wilington

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9000

RTH NO NAME OF DECEASED 2. DATE MARIE IUDWIG 'ype or Print) Sept. 28, 1952 OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence Baltimore City, Maryland 2406 E. Monument St. A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or FULL NAME OF location C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Length of stay in Baltimore 2406 E. Monument St. Yrs . Days 6. COLOR DR RACE 7. SINGLE, MARRIED. 9. AGE (In years if Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify)
Widowed female May 8. OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired)
housewife INDUSTRY U.S.A. COUNTRY Czechoslovakia at home 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Joseph Caska 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Anna Behounek, dght, above INTERVAL BETWEEN 420.1 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WHILE! 2819 J, That I last saw the 22. I hereby certify that Lattended the deceased from. deceased alive on Sept 2,1952, and that death conred at 430 m., from the eauses and on the date stated above. 234 GIGNATURE 23B, ADDRESS 23C. DATE SIGNED 24A/ BURIAL, CREMA TION, REMOVAL (Specify) Oak Hill Cem. Horner's Lane, Balto. Md. Buria ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. LOCAL REGISTRAR 2601-3-5 E. Madison St. SOMER V\$ 150 100

